
LEGISLATIVE PROGRAM REVIEW
& INVESTIGATIONS COMMITTEE

**Mixing Populations in State Elderly/Disabled
Housing Projects**

DECEMBER 2004

Mixing Populations in State Elderly/Disabled Housing Projects

Introduction	1
Overview	1
Methodology.....	3
Report Format.....	4
 I. Background.....	 5
Legislative History.....	5
Current Eligibility	5
Legal Framework.....	6
Support Services	7
Administration of State Housing	9
Overview of the State Elderly/Disabled Housing Portfolio	10
 II. Social Impact.....	 15
Management Issues.....	15
Prior Efforts to Document Problem	16
Negative Incidents	17
Group Discussions with Residents.....	23
Management Tools	25
Tenant Suitability and Screening.....	26
Evictions	31
Resident Service Coordinators.....	38
Collaboration of Support Services	43
 III. Financial Impact.....	 49
Occupancy and Wait List Trends.....	51
Tenant Income	53
Project Rents.....	57
Financial Conditions	61
 IV. Other Considerations.....	 63
Affordable Housing Needs	63
Affordable Housing Supply	67

V. Models and Approaches	73
Federal Policy	73
Massachusetts	75
VI. Policy Options	77
Introduction	77
Legal Considerations	78
Option 1: Current Program with Management Enhancements	81
Option 2: Designation Model	82
Option 3: Percentage Model	83
Option 4: Total Age Restriction.....	84
Option 5: Partial Age Restriction.....	85

Appendices

- A. LPR&IC Housing Authority Survey July 2004 & List of Non-Respondents
 - B. Legislative History
 - C. 2004 HUD Low-Income Limits
 - D. Connecticut Elderly/Disabled Housing Inventory
 - E. Focus Group Summaries
 - F. State Eviction Law
 - G. DECD Resident Service Coordinator Job Description
 - H. DECD Functional Assessment and Care Plan Form
 - I. DMR Waiting List Assessment
 - J. Memorandum of Understanding
 - K. Elderly Rental Assistance Program
 - L. Agency Responses
-

Introduction

Overview

The federal government, as well as a few states including Connecticut, have established programs to develop affordable rental housing for low-income elderly persons. Like other types of public housing programs, they are intended to provide decent, safe, and sanitary dwelling accommodations at below market rates. Connecticut's first state-funded elderly housing projects were authorized in 1959 and targeted initially for persons over age 65 who were unable to afford suitable housing without financial assistance. Legislation enacted in 1961 amended the definition of elderly for the state elderly housing program to include low-income persons certified by the federal Social Security Administration as being totally disabled.

While younger disabled individuals have been eligible to reside in state elderly/disabled housing for over 40 years, the projects were occupied primarily by elderly persons until the mid-1980s. Several factors converged at this time to change the tenant make-up in many projects. One factor was the growth in assisted living services and other programs to help seniors remain in their own homes that reduced demand for state housing among elderly persons. In addition, local housing authorities began to experience persistent vacancies as wait lists for elderly public housing became short or nonexistent in some communities. Another factor, deinstitutionalization, combined with the impact of new antidiscrimination laws, increased the number of young disabled persons seeking affordable housing. In general, the acute shortage of affordable housing in Connecticut makes elderly/disabled projects, which typically contain low cost, handicapped accessible efficiency and one-bedroom units, one of the few resources available for meeting the housing needs of low-income individuals with physical or mental disabilities.

As the number of younger persons with disabilities living in state and federal elderly/disabled housing projects has grown, the problems associated with mixing tenant populations with different styles of living also have occurred with more frequency. Many housing officials, policymakers, and tenants and their families are concerned over reports of conflicts between the two groups of residents and allegations of disruptive behavior on the part of younger disabled tenants. A variety of policy changes and management practices have been instituted over the past few years aimed at addressing issues related to mixing populations in elderly/disabled housing, from stricter standards about drug and alcohol use, to hiring staff, to help resolve conflicts and coordinate services.

Despite these efforts, problems between the tenant groups have persisted. In addition, there are new worries about the possible gradual displacement of elderly tenants by younger disabled persons and the potential negative financial impact of this situation for the operators of state elderly/disabled housing.

In March 2004, the Legislative Program Review and Investigations Committee was asked by more than 60 members of the General Assembly to review the state policy of non-elderly disabled individuals residing in state-funded elderly/disabled housing projects. The committee authorized a study focused on examining the problems arising from this state housing policy and

exploring options and alternatives for resolving them. The primary purpose of the committee's study of mixing non-elderly disabled and elderly persons in state assisted housing projects was two-fold: examine the nature and extent of problems arising from this policy; and explore options and alternatives for resolving them.

Committee research revealed the policy has both social and financial implications. The policy's social impact concerns the reported negative incidents resulting from young disabled persons living in the same projects with elderly individuals. Over the years, there has been much discussion, although little documentation, of problems between the two tenant groups, ranging from lifestyle clashes and fears based on misconceptions about mental illness, to actual physical conflicts, disruptive behaviors, and criminal activities.

The financial impact of the policy is related to the very low incomes and potentially longer tenures of young disabled residents as well as the growing presence of this group on project waiting lists. In combination, these trends could present a serious challenge to the financial viability of state elderly/disabled projects. The same trends may also result in less access to this affordable and accessible housing resource by low-income persons of any age.

Many factors in addition to policy, management, and funding matters contribute to the social and financial problems found in state elderly/disabled housing including one major issue beyond the scope of this study - the state's affordable housing crisis - and another beyond the control of any legislation - resident attitudes. Solutions examined by the committee, therefore, were also multi-faceted. This report contains a series of proposals for addressing negative incidents and economics within the state projects through: more effective housing management tools; better support from and collaboration among state agencies; and stronger planning, oversight, and leadership by the state's lead housing agency.

The committee also considered a spectrum of policy options related to changes in tenant eligibility. Each option has benefits and drawbacks in terms of addressing social and financial problems and, to varying degrees, may be subject to legal challenges. In addition, many of the policy and administrative solutions examined by program review would require more state resources and some would entail significant funding increases.

Analysis of possible alternatives to the current policy was complicated by data limitations. Much of the information included in this report was compiled for the first time and gathered through a variety of qualitative and quantitative methods. In many cases, data needed to fully assess various options were incomplete or unavailable within the timeframe of the study. As a result, some findings are based on estimates and projections. They are presented as indicators rather than conclusive evidence of current conditions or trends and should be viewed with care.

Overall, solutions to problems with the mixing populations policy must balance competing needs and conflicting goals. Both groups currently served by state elderly/disabled housing have limited incomes, few choices, and great needs for affordable and accessible housing. Policy changes can have a number of purposes that include: providing a safe and peaceful community of peers; ensuring affordable, permanent housing opportunities for low

income persons with disabilities; promoting the financial stability of elderly/disabled projects; or preserving a critical resource of affordable, accessible housing units for both low income populations. Different options may be chosen depending on how needs are weighed and how goals are prioritized.

Despite the many challenges to finding workable remedies, the committee believes the recommendations contained in this report will improve the operation and oversight of these housing developments. A number have been suggested by housing authorities or proposed in legislative committees in the past but failed to be adopted. Successful implementation requires collaboration and partnership among many parties. For example, project managers must build relationships with community service providers and try to understand and deal with lifestyle and generational differences as well as the stigma of disability. State agencies whose clients reside in elderly/disabled projects must support and work with housing management in meeting the tenants' needs.

Finally, commitment, guidance, and oversight by a state agency with ultimate responsibility and authority for housing matters is critical. By law, the Department of Economic and Community Development (DECD) is the state's lead housing agency, charged with operating, coordinating, and planning state as well as many federal activities to create and maintain quality, affordable housing in Connecticut. However, at present, DECD shares authority for state elderly/disabled housing projects with the quasi-public Connecticut Housing Finance Authority (CHFA), which could complicate implementation of any proposed improvements. The long-term effect of this split jurisdiction needs to be closely monitored to ensure there is strong leadership for state elderly/disabled housing issues.

Methodology

In preparing this report, program review met with key staff and officials from a variety of government agencies including: the Departments of Economic and Community Development (DECD), Social Services (DSS), Mental Health and Addiction Services (DMHAS), Mental Retardation (DMR); the Connecticut Housing Finance Authority (CHFA); and the federal Department of Housing and Urban Development (HUD). In addition, staff from the Office of Protection and Advocacy for Persons with Disabilities (OPA), the Commission on Aging, and the Commission on Human Rights and Opportunities (CHRO) were interviewed, as well as housing court personnel and various advocacy and interest groups involved in housing matters. Committee staff also interviewed housing authority officials and staff, resident service coordinators, and mental health and social service providers. Further, committee staff also visited a sample of elderly/disabled housing projects and held group discussions with residents.

Information about the state's current public housing portfolio and from state housing plans was examined to compile a profile of available housing and both the elderly and non-elderly disabled populations. A literature review was conducted on models and approaches used by the federal government and other states.

The program review committee developed a survey that was mailed to all local housing authorities operating state-funded elderly/disabled projects. The survey solicited both

information and opinion from the housing project managers. Specifically, they were asked to provide information on: 1) the nature and extent of negative incidents occurring in their projects in the last six months; 2) the policies and procedures used to screen applicants and handle problem tenants; and 3) the number, reason, cost, outcome, and length of time associated with eviction proceedings initiated in the last five years.

The survey also asked housing officials to: 1) gauge the level of social conflict and financial impact experienced at their developments due to this policy; 2) rate the effectiveness of the management tools and support services available to them; and 3) suggest changes, if any, they would make to the policy. Follow-up interviews were conducted for a number of responses.

With 80 out of 93 housing authorities cooperating, the survey response was 86 percent. Numerous attempts were made to contact non-responding housing authorities. A copy of the survey and list of housing authorities that did not participate in the committee survey are provided in Appendix A.

Report Format

This report contains six chapters. Chapter I provides background information on the administration of public housing, the relevant antidiscrimination laws, and an overview of the existing state-funded elderly/disabled housing inventory including the percentage of units occupied by elderly and non-elderly disabled tenants and waiting lists.

Chapter II discusses the issues presented by the social impact of this policy including the nature and extent of negative incidents at state elderly/disabled housing developments along with the management tools used to address them. The financial impact of the policy of mixing young disabled and elderly tenants in projects is described in Chapter III. Other considerations related to the demand for and supply of affordable housing in Connecticut are presented in Chapter IV.

A discussion of the policies and approaches used by the federal government and Massachusetts compared with efforts in Connecticut is presented in Chapter V. Chapter VI provides a range of policy options available to address the both social and financial problems with state elderly/disabled housing projects.

It is the policy of the Legislative Program Review and Investigations Committee to provide agencies included in the scope of a review with the opportunity to comment on committee findings and recommendations prior to the publication of a final report. The responses received by the committee from the Department of Economic and Community Development, the Department of Mental Retardation, and the Commission on Human Rights and Opportunities are contained in Appendix L.

Chapter I: Background

This chapter provides a brief overview of the legislative history of the state funded elderly/disabled housing policy and program, relevant state and federal laws, agencies involved in the administration of this program, and the services provided to residents. It also provides an overview of the existing state-funded elderly/disabled housing inventory and a summary of the social and financial issues arising from this policy.

Legislative History

In the late 1950s, Connecticut recognized the need for decent, safe and sanitary housing for low-income elderly individuals and established a program to create subsidized rental housing for the elderly in 1958. Under the program, which parallels federal public housing programs, state grants or loans are provided to a variety of entities – local housing authorities as well as municipal, nonprofit, and for-profit developers – to construct and operate units that can be rented to eligible tenants at below market rates. Construction of state housing developments for elderly persons began in 1959. At that time, Public Act 26, passed in 1958, defined an elderly person of low income as one aged 65 or older who lacked the income necessary to live in decent, safe, and sanitary housing. (The age threshold changed and has been 62 since 1963.)

In 1961, the legislature revised the definition of elderly persons to include “*persons who have been certified by the social security board as being totally disabled under the federal social security act.*”¹ A review of the legislative record reveals no discussion about this change, including any controversy or opposition to the inclusion of totally disabled persons within the definition of elderly persons. (A full legislative history is provided in Appendix B.) The statutory language was broadened in 1991 to include disability certification by “*any other federal board or agency*”. Although the related legislative history does not explain the rationale for the change, the only federal agency in addition to the social security administration that determines disability is the veteran’s affairs administration.

In 1995, amid public concerns raised at various committee hearings, the legislature excluded from eligibility persons currently using illegal drugs, abusing alcohol and/or having a recent history of disruptive or dangerous behavior that would constitute a direct threat to the health and safety of another individual or result in substantial physical damage to the property of another. In 1998, the legislature also excluded persons convicted of the illegal sale or possession of a controlled substance.

Current Eligibility An individual interested in residing in an elderly/disabled housing project applies directly to the housing authority managing the complex. Non-elderly disabled applicants for state-assisted elderly/disabled housing are subject to the same rules for admission as elderly people. An applicant is eligible if he/she: 1) has an annual income at or below the housing

¹Disability was defined in the Social Security Amendments of 1956 as a person who is, “...unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which must be expected to result in death or to be of long-continued and indefinite duration.”

authority's income limit, and 2) meets the statutory definition of elderly. In addition to these criteria, an applicant must pass the housing authority's screening process (described in more detail in Chapter II).

Income eligibility. An applicant's annual income is used both to determine income eligibility and to calculate rent. To determine income eligibility, housing authorities use the annually adjusted federal Department of Housing and Urban Development limits for federally assisted housing. These federal limits are based on percentages of median family income estimates, adjusted for family size.

Applicants for state elderly/disabled public housing must have an annual income no more than 80 percent of the area median income. The HUD limits generally refer to people at 80 percent of the area median income as "low income." The current income limits are presented in Appendix C.

Definition of elderly. As mentioned above, the statutes governing state-funded elderly/disabled projects define "elderly persons" as individuals age 62 and over who need financial housing assistance or people who have been certified as totally disabled by a federal board or agency.

Federal antidiscrimination laws prohibit housing authorities from inquiring about the nature or extent of a person's disability, or about diagnoses or details of treatment. To verify that an applicant meets the statutory definition, a housing authority may confirm an individual's age and whether the applicant receives either Social Security disability or Supplemental Security Income (SSI). Receipt of such income is all the verification needed that an individual qualifies as a person with a disability.

Legal Framework

In administering public housing programs, housing agencies must comply with both federal and state prohibitions against discriminatory practices. As discussed above, Connecticut law related to eligibility for state-funded elderly/disabled housing projects has included both elderly and non-elderly disabled persons for quite some time. Thus, on its face, Connecticut law does not permit discrimination against persons in either group in that particular type of housing.

State law. The state Discriminatory Practices Act prohibits discrimination in the sale or rental of housing similar to federal law. (C.G.S. Sec. 46a-64c). Discrimination in the sale or rental of housing is prohibited on the basis of race, color, religion, sex, national origin, marital status, handicap, age, or lawful source of income. The law specifies a number of various discriminatory activities that are prohibited, including but not limited to:

- falsely representing that certain housing is not available;
 - attempting to restrict the housing choices of a buyer or renter;
 - imposing different terms and conditions for the sale or rental of housing; and
 - refusing to allow reasonable modifications to accommodate a disability.
-

State law applies to all rental property, except two-family houses where the owner lives in one of the dwelling units, or rooms rented in a house occupied by the owner.

Reasonable modifications/accommodations. Similar to federal law, state law requires reasonable physical modifications or accommodations to rules or policies. Some residents may have difficulty adhering to certain housing rules due to their disabilities. Both state and federal law require that housing providers make reasonable physical changes or accommodations to their rules, policies, practices or services in order to give residents with disabilities equal opportunity to use and enjoy the communities in which they live. Residents must ask management for accommodations when they are needed. Management must work with any resident making such a request in order to determine reasonable changes for both the housing provider and resident. Accommodations are generally considered reasonable if they are practical and feasible and do not create administrative or fiscal burdens.

Federal law. In addition to state law, federal law can also apply to state-funded elderly/disabled housing projects. Three main federal statutes that protect against housing discrimination are the Fair Housing Amendments Act of 1988 (FHAA), the Rehabilitation Act of 1973 (section 504), and, to a certain degree, the Americans with Disabilities Act of 1990 (ADA).

Fair Housing Amendments Act (FHAA). The major federal housing discrimination law is the Fair Housing Act, part of the Civil Rights Act of 1968. In 1968, the act prohibited discrimination in the sale or rental of housing on the basis of race, color, religion, sex, or national origin. In 1988, through the Fair Housing Amendments Act of 1988, handicap and familial status was added to the list. In addition, landlords are required to make reasonable physical modifications or accommodations to rules, policies, or services for tenants with disabilities. This law applies, with some exceptions, to publicly and privately owned housing as well as housing subsidized by federal funds; thus, it applies to state-funded elderly/disabled projects.

Rehabilitation Act of 1973. Section 504 of the Rehabilitation Act of 1973, along with its subsequent amendments, prohibits discrimination on the basis of handicap in all programs or activities that the federal government helps to fund or operate. This statute covers residents in public and federally subsidized housing programs but does not cover residents in private housing.

Americans with Disabilities Act. The Americans with Disabilities Act prohibits anyone from discriminating against disabled persons in employment, public services, and public accommodations and services operated by private entities. The ADA does not apply specifically to housing but prohibits any discrimination on the basis of disability.

Support Services

There are a number of state agencies and groups that provide support services to elderly and non-elderly disabled persons. The three primary service agencies are the Department of Social Services, the Department of Mental Health and Addiction Services, and the Department of Mental Retardation.

Department of Social Services. DSS provides a broad range of services to the elderly, persons with disabilities, families, and individuals who need assistance in maintaining or achieving basic needs including income assistance for food and housing. Within DSS, the Elderly Services Division is responsible for planning, developing, and administering a comprehensive and integrated service delivery system for elderly persons in Connecticut. The division collaborates with other agencies to provide outreach, social, housing, transportation, health, educational, cultural and nutritional programs that help elderly residents.

DSS also funds the state's five Area Agencies on Aging (AAAs), which are private, nonprofit elderly planning and service agencies that plan, coordinate, evaluate, and act as brokers for elderly services. They award funds to regional agencies, which in turn provide meals and related social services at local sites.

Within the department's Bureau of Rehabilitation Services, the Disability Determination Services (DDS) unit is responsible for deciding eligibility for the Social Security Disability Insurance (SSDI) and Supplemental Security Insurance (SSI) programs. DSS also administers the State Supplement program.

DSS supports services specifically for persons with disabilities including vocational rehabilitation and centers of independent living. Independent living centers provide peer support, information and referral services, advocacy, and independent living skills training. Services for persons who are blind or hearing impaired are also provided by the Board of Education and Services to the Blind (BESB) and the Commission on the Deaf and Hearing Impaired. Both entities are within the DSS structure for administrative purposes only.

Department of Mental Health and Addiction Services. DMHAS is responsible for providing a wide range of treatment services to adults. These include: comprehensive, community-based mental health treatment and support services; inpatient hospitalization; outpatient clinical services; 24-hour emergency care; day treatment; psychosocial and vocational rehabilitation; and outreach services for persons with serious mental illness who are homeless. DMHAS also works with 15 Local Mental Health Authorities (six state-operated and nine operated by private, non-profit agencies) that provide treatment and support at the community level.

Department of Mental Retardation. DMR provides a wide range of supports and services for individuals with mental retardation. The supports and services DMR administers or purchases include: residential services; day programs; employment supports; family supports; case management; and clinical services. The majority of DMR's services are provided by private non-profit organizations in local communities.

Although the majority of DMR clients live at home with their families, the department administers or contracts for residential services from independent living, supported living arrangements, community living arrangements, community training homes, and residential center settings. According to DMR, some individuals with mental retardation in an independent living setting do not need staff support to manage a household on their own. Some require staff support to live independently. This staff support may be in the form of assistance with budgets, shopping

and/or leisure activities. Staff support may range from a few hours a day to only a few hours a month, depending on the needs of the person.

Administration of State Housing

In Connecticut, public subsidized housing is financed and overseen by three main agencies: the state Department of Economic and Community Development, the Connecticut Housing Finance Authority, and the federal Department of Housing and Urban Development.

Over the years there have been several organizational changes in the administration of state-funded housing. Most recently, responsibility for overseeing existing state elderly/disabled housing projects was transferred from DECD, the state's lead housing agency, to the Connecticut Housing Finance Authority. The transfer of responsibility occurred as part of the sale of the state's entire portfolio of subsidized housing to the quasi-public housing authority in 2003.² (The portfolio is discussed in more detail below.)

Department of Economic and Community Development. As the state's lead housing agency, DECD is responsible for planning and coordinating the activities and programs of state agencies that have a major impact on the cost, production, or availability of housing. Specifically, DECD examines both the private and public sector ability to meet the state's housing needs and coordinates with municipalities, housing authorities, and other agencies on housing policy and activities. This information is used to prepare both state and federally mandated reports. The department works closely with the federal government in administering federally funded housing programs. DECD also continues to administer a number of programs including a state-funded rent subsidy program for elderly/disabled projects also known as the elderly rental assistance program or elderly RAP (described in Chapter III).

Connecticut Housing Finance Authority. Established as a quasi-public agency in 1969, CHFA's primary responsibility is to promote low- and moderate-income housing. CHFA creates financing for construction and rehabilitation of housing and provides low-interest financing available to low- and moderate-income families. As noted above, CHFA now oversees the state's housing portfolio including the approval of its management plans.

Each year developers, housing authorities or other entities that manage state-assisted housing must submit management plans to the state for approval. Each plan, which is actually the operating budget for each project being managed by the entity, contains the rents charged, the total revenues generated, and total expenditures for each project. From these budgets, which CHFA now must approve, CHFA staff evaluates how each project is doing financially, whether rents need to be increased, or further reserves established. CHFA is currently in the process of completing its initial review of the financial condition of these projects.

Department of Housing and Urban Development. The federal Department of Housing and Urban Development is the agency that administers all major federally subsidized housing programs. HUD works with state and local agencies to administer its programs and to support efforts for the creation of affordable housing projects. HUD provides financing to construct and

² The transfer was made in exchange for \$85 million (P.A. 02-1 and P.A. 02-5 of the May 9 Special Session).

rehabilitate public housing developments. In addition, it provides rental assistance in the form of subsidies. The subsidies may be either tenant or project-based. Project-based subsidies are tied to units. Federal law and policies govern all federally subsidized housing. HUD has no direct involvement with state-funded elderly/disabled projects.

Local housing authorities (LHAs). LHAs manage the day-to-day operation of public housing developments. LHAs frequently operate both federal and state public housing projects.

- Currently, there are 107 local housing authorities in the state.
- Ninety-three LHAs operate state elderly/disabled housing projects.
- LHAs vary significantly in size. Larger authorities may manage hundreds of units with a large staff while LHAs in smaller towns may have one or two employees with fewer units.
- LHA staff produce operating plans and budgets, set rents, qualify and select tenants, and inspect, repair, and maintain the housing units. Typically, there is an executive director managing daily operations with oversight by a commission appointed by the town's chief executive officer.
- In addition to their commissions, LHAs are subject to oversight by the state. This function, previously performed by DECD, is now CHFA's responsibility.

Overview of the State Elderly/Disabled Housing Portfolio

In 2003, the General Assembly transferred the state's existing housing portfolio to the Connecticut Housing Finance Authority. The portfolio, which contains over 16,000 units, includes moderate-income rental/family housing, elderly, and congregate housing projects.³ CHFA has gathered a variety of data on state elderly/disabled projects, some at the request of the program review committee, including current occupant profiles and waiting lists, as well as policy and procedure information. A profile of the state elderly/disabled housing portfolio based on project data collected by CHFA is presented below.

Current portfolio. At present, there are 200 state elderly/disabled housing projects located throughout the state in a little more than half (95) of the towns in Connecticut. The majority of towns (68 percent) have just one (37 towns) or two (28 towns) state elderly/disabled projects; another 18 towns have three, while one municipality (Enfield) has six, three have five, and eight have four state elderly/disabled housing projects. In addition, many towns have other types of state and/or federal public housing in their communities (e.g., federal elderly, state and federal elderly congregate, low- and moderate-income family, and various special needs housing).

All but seven of the 200 state elderly/disabled housing projects are operated by local housing authorities. One project is operated by a municipal developer (in Marlborough), three are operated by nonprofit developers (two in Hartford and one in Stamford), one is jointly managed by a nonprofit entity and a housing authority (in Greenwich), one is operated by a for-profit developer (in Old Lyme), and one (in New Britain) has been taken over by CHFA.

³ Congregate housing also serves elderly persons but provides other amenities such as one meal per day.

The total number of state elderly/disabled housing units is 7,256. The number of units in each town with state elderly/disabled housing projects ranges from 20 to 240. Figure I-1 shows the towns where state-funded elderly/disabled housing projects are located. Appendix D presents information on the number of units and projects in each town as well as information on tenants and waiting lists for each town's state elderly/disabled housing.

Occupancy. As of August 2004, 1,275 units, almost 18 percent of the total number of state elderly/disabled housing units, were occupied by non-elderly persons with disabilities. The portion of units occupied by young disabled tenants varies among the towns that have state elderly/disabled housing projects, as Appendix D shows. In all but three cases (East Hartford, Manchester, and Windham), the majority of the tenants (50 percent or greater) occupying the town's state elderly/disabled housing units are persons over age 62.

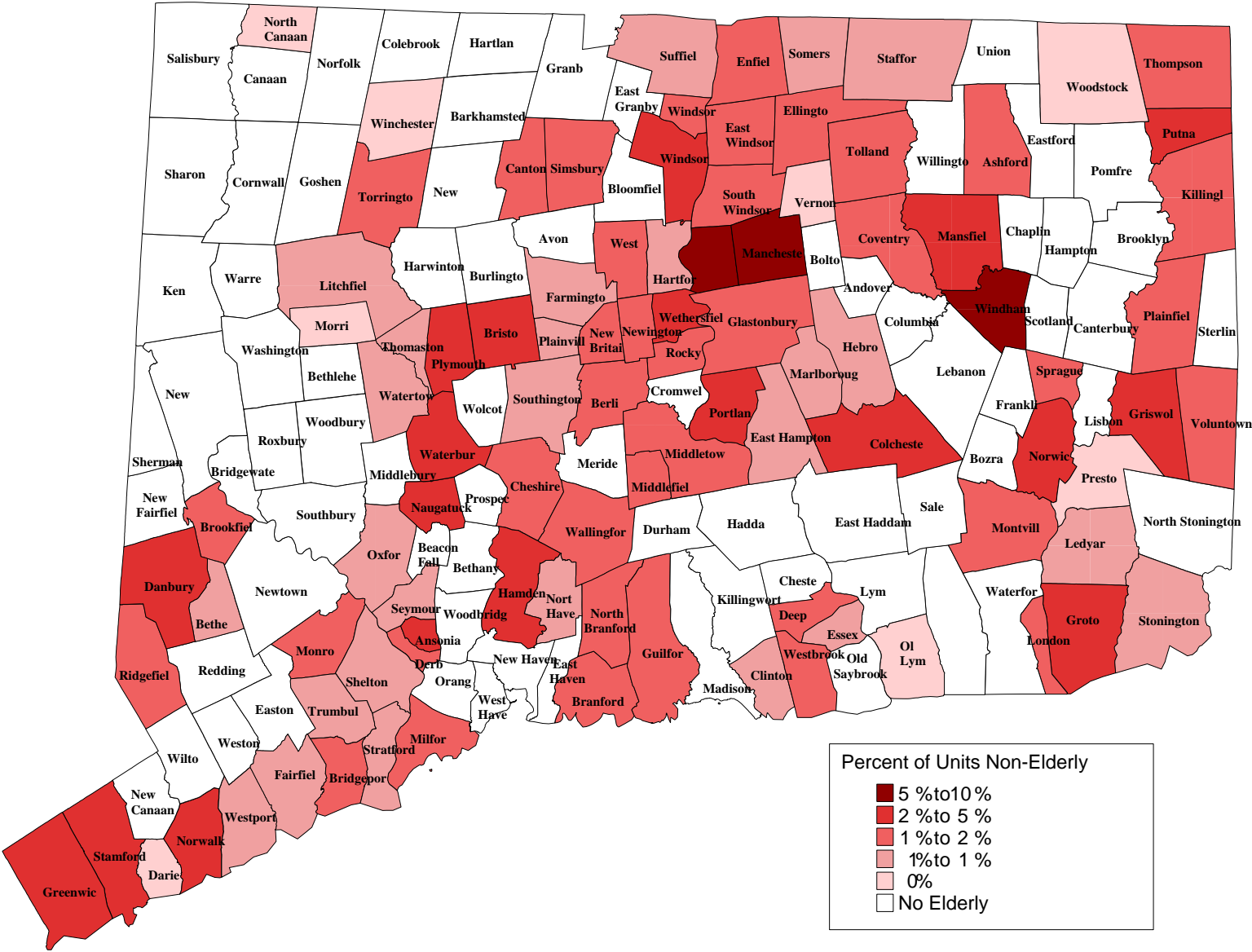
In 22 towns, the proportion of non-elderly disabled persons living in state elderly/disabled housing units is 25 percent or greater. Table I-1 summarizes tenant occupancy information for each of these 22 towns. The highest percentage of tenants who are persons with disabilities under age 62, 83 percent, is in East Hartford's 30-unit state elderly/disabled housing project. Approximately 41 percent of the towns (39) have five or fewer young disabled persons occupying state elderly/disabled housing units in their communities. There are eight towns that have no non-elderly disabled tenants in their state elderly/disabled housing projects.

Waiting lists. Information on waiting lists for state elderly/disabled housing units gathered by CHFA indicates strong demand from both elderly and non-elderly disabled tenant populations. Based on data CHFA received from 90 towns, the total number of applicants on state elderly/disabled housing waiting lists was 5,616 as of August 2004. Almost 60 percent of the wait list applicants were persons over age 62 (3,311) and 41 percent were non-elderly disabled persons (2,305).

The size and composition of waiting lists differ among individual towns as the data summarized in Appendix D indicate. Reported waiting lists are as small as one person in two communities and as large as several hundred in other towns. Persons over age 62 make up at least half of the applicants on waiting lists in all but 20 towns. In these towns, non-elderly disabled persons account for between 53 and 95 percent of waiting list applicants. In contrast, there are 10 towns with waiting lists that do not include any non-elderly disabled persons.

The CHFA waiting list information should be considered only a rough estimate of the number of persons seeking state elderly/disabled housing. No standard procedures for developing and maintaining waiting lists are in place and policies vary from town to town. For example, some towns close their lists and accept no further applications at a set number while others have no limits. There also can be duplication among the lists as eligible persons can apply for state elderly/disabled housing in multiple towns. Further information on the rent structure and wait lists is provided in Chapter III.

Figure I-1.Percent of State Elderly/Disabled Units Occupied by Non-Elderly Disabled Tenants



**Table I-1. State Elderly/Disabled Housing Unit Occupancy
25% and Over Non-Elderly Disabled Tenants (August 2004)**

Municipality	Number Projects	Total Number Units	Number Elderly Tenants	Number Non-Elderly Disabled Tenants	% Units Occupied by Non-Elderly Disabled Tenants
East Hartford	1	30	5	25	83.3%
Manchester	2	80	38	42	52.5%
Windham	2	90	43	47	52.2%
Wethersfield	4	112	63	49	43.8%
Waterbury	3	154	89	65	42.2%
Windsor	3	112	69	43	38.4%
Danbury	3	150	97	53	35.3%
Bristol	1	40	26	14	35.0%
Colchester	3	64	43	21	32.8%
Mansfield	2	40	27	13	32.5%
Naugatuck	5	194	132	62	32.0%
Norwich	4	183	125	58	31.7%
Hamden	4	190	131	59	31.1%
Portland	2	70	50	20	28.6%
Griswold	2	60	43	17	28.3%
Greenwich	1	51	37	14	27.5%
Stamford	2	78	57	21	26.9%
Norwalk	1	30	22	8	26.7%
Groton	4	175	130	45	25.7%
Putnam	3	67	50	17	25.4%
Ansonia	1	40	30	10	25.0%
Plymouth	2	60	45	15	25.0%

Source of Data: CHFA

Chapter II: Social Impact

Based on committee interviews and concerns raised by the various interested parties, two distinct policy implications become apparent: Mixing non-elderly disabled residents with elderly residents has both a social and financial impact. This chapter discusses issues pertinent to the social impact, and contains committee findings and recommendations, including many related to housing authority management. The financial impact is discussed in Chapter III.

Management Issues

Interpersonal conflict. Conflicts among non-elderly disabled and elderly people living in the same state public housing projects have been cited as a problem for years in Connecticut. What is not clear is the extent and pervasiveness of the problem, as concerns are based largely on anecdotal accounts. A few highly publicized incidents have raised concern in at least a few housing authorities.

Advocates for the disabled generally agree conflicts exist but don't view the problem as widespread and argue that mixed housing can work given adequate support services. Some point out that in some communities elderly and non-elderly disabled residents co-exist successfully and provide support for each other. In addition, it is important to note that elderly people are not immune to mental illness, physical limitations, or substance abuse.

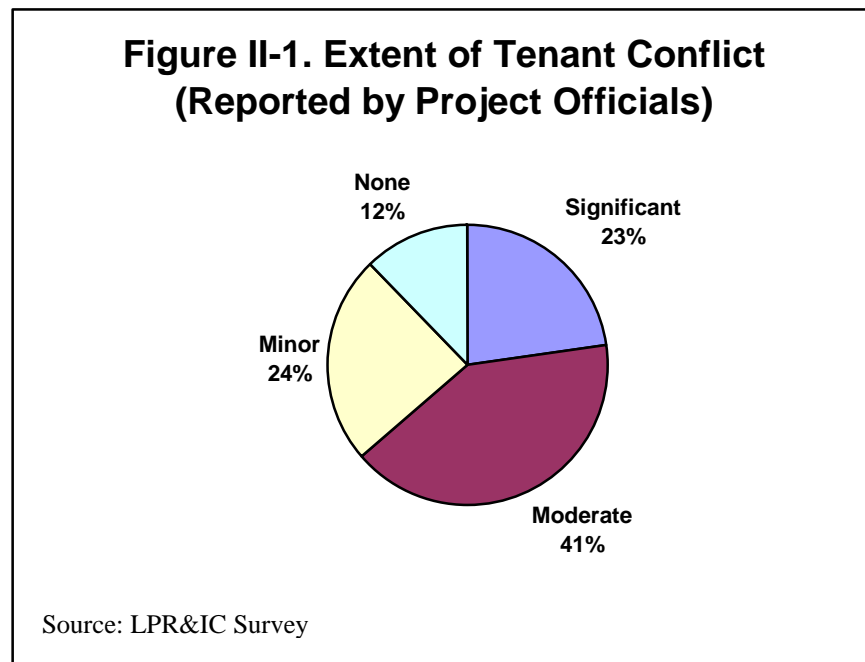
Comprehensive data on the nature and extent of the problems between elderly and non-elderly disabled people residing in state-funded elderly/disabled housing projects do not exist. Even if incident data were available, though, the perceived concerns of elderly residents might not be adequately expressed by that information.

To develop a sense of the concerns, the program review committee examined recent public hearing testimony and conducted a survey of housing authority management. The most common concern appears to be generational differences, often referred to as the "different lifestyles" of the two groups. It is generally acknowledged that both groups have different preferences and viewpoints that sometimes result in conflicts. For example, younger residents tend to have more visitors, keep different hours, and have different tastes in music, dress, and social and recreational activities. These preferences alone can cause friction with elderly neighbors.

However, anecdotal accounts about projects in Connecticut suggest specific concerns with non-elderly mentally ill tenants. The problems range from fears based on an elderly person's perception of mentally ill people to actual instances of physical harm toward elderly tenants by younger, mentally ill tenants.

In its survey, the committee asked housing authority officials to what extent, if any, conflicts exist between non-elderly disabled and elderly tenants living in their particular state-funded elderly housing projects. The results, shown in Figure II-1, reveal that more than 60

percent of the respondents indicated significant (23%) to moderate (41%) conflicts. (These results are discussed in more detail below.)



Prior Efforts to Document Problem

Management issues associated with mixed populations are long-standing. Several studies conducted in recent years that have attempted to document tenant problems in public housing are summarized below.

1992 General Accounting Office (GAO) report. In 1992, a national study of federally funded elderly housing projects, attempting to quantify and describe the problem, gave some insight into the issue in Connecticut.⁴ The study found, for example, that at that time non-elderly disabled people occupied 9 percent of the elderly units in total and that problems were worse in large housing authorities, which had the highest concentrations of these tenants. Housing authorities of all sizes reported that poor housekeeping, disruptive visitors, and alcohol abuse were the most common problems associated with non-elderly disabled tenants, but in varying degrees.

⁴ The General Accounting Office (GAO) surveyed over 1,000 housing authorities nationwide managing over 300,000 federally funded elderly housing units. (*Housing Persons with Mental Disabilities with the Elderly*, GAO, August 1992).

The study found managers of large housing authorities (500 or more units) attributed a greater share of the problems associated with elderly projects to mentally disabled tenants. These managers attributed 35 percent of the problems in these projects to non-elderly mentally ill tenants while those in medium (between 100 and 499 units) and small housing authorities (fewer than 100 units) attributed 21 percent and 6 percent respectively to these tenants.

At the time of the GAO study, the Danbury Housing Authority was recognized as successfully addressing the problems by working with local mental health organizations on providing services to the mentally ill tenants.

1996 University of Connecticut (UConn) study. In 1996, the legislature's Select Committee on Housing requested the University of Connecticut to develop and conduct a survey designed specifically on the issue of mixed population.⁵ The 1996 survey made an attempt to measure the extent of negative incidents in state-subsidized elderly housing. It found that non-elderly disabled tenants were more likely as a group to violate the terms of their lease including engaging in disruptive behavior. The areas that presented the most problems were nonpayment of rent, failure to maintain unit, and disruption of peace. However, the 1996 survey also found "little evidence to support the conclusion that the majority of non-elderly disabled tenants pose management problems."⁶ According to its analysis, serious, recurrent problems involving younger disabled residents were concentrated in a small group of housing authorities. However, limitations of the data were acknowledged including examining the issue from only the management's perspective and potential differences in categorizing and reporting negative incidents.

Housing and Aging working group. The results of the 1996 UConn survey were provided to the Select Committees on Housing and Aging, which had convened a working group of committee members to address the mixed population issue. The working group was to determine and document the source and magnitude of the problem between elderly and non-elderly disabled tenants residing in state assisted public housing and develop options for resolving the problem.

The working group held four hearings around the state (Hartford, Norwich, Danbury, and Hamden) to receive information from both elderly and disabled people living in public housing. At that time, the working group concluded that conflict exists in public housing facilities shared by the elderly and non-elderly disabled, but the problem was not widespread and could be resolved without capping the number of disabled units.

Among its recommendations, the group supported:

- the authorization of resident service coordinators;
- a registry of accessible housing for disabled people; and

⁵ *The Mixed-Population Issue in State-Subsidized Elderly Housing: Management Problems Posed by Nonelderly and Elderly Tenants*, Nancy W. Sheehan PhD and Charles Stelle MS, University of Connecticut (1998)

⁶ Sheenan, p. 38.

- cooperative agreements between the Department of Mental Health and Addiction Services (DMHAS), the Department of Social Services (DSS), and housing authorities.

The implementation of these recommendations is further discussed in Chapter V.

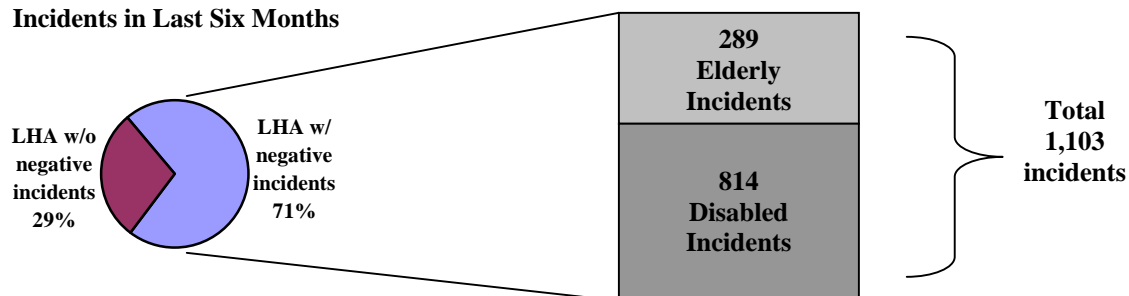
Program Review Survey: Negative Incidents

To get a more aggregate and less anecdotal picture of conflicts occurring in elderly/disabled projects, in July 2004 the program review committee surveyed housing authority management about the number and nature of negative incidents taking place within the previous six months. For purposes of the survey, “negative incident” was defined as a specific occurrence that disrupts the safe and secure enjoyment of home and/or personal property involving a tenant at an elderly/disabled project.

Eighty out of 93 housing authorities completed the committee survey representing 86 percent of all housing authorities with state funded housing. The limitations of the data provided should be noted. The nature and extent of problems are described from management’s perspective as reported to the committee. Further, housing authorities are not required to track complaints or negative incidents. Due in part to the absence of pre-existing data, there may be inconsistencies in how management records or judges “negative incidents.” For this reason, the committee also solicited opinions and experiences from tenants at various housing authorities. This information is summarized below.

Number of management problems. Of the 80 housing authorities responding to the survey, 57 housing authorities (71%) reported the occurrence of at least one negative incident in the previous six months. Twenty-three authorities (29%) reported having no such incidents.

Figure II-2. LHAs with Negative Incidents in Last Six Months

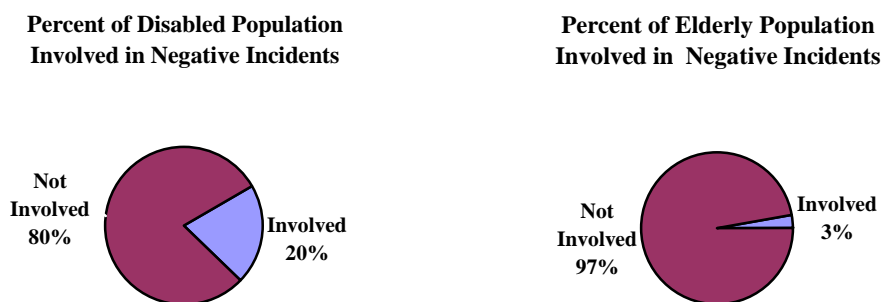


Source: LPR&IC survey of housing authorities, July 2004

As Figure II-2 shows, the 57 housing authorities experiencing problems reported a total of 1,103 negative incidents during the six-month timeframe. While both populations have been involved in negative incidents, younger tenants with disabilities were involved in the majority of incidents. Younger disabled tenants (under age 62) were involved in 74 percent (814 incidents) of all reported incidents. Tenants over the age 62 were involved in 289 incidents. Since some

tenants, both old and young, engage in recurring or multiple negative incidents, the committee also asked housing authorities to indicate the total number of individual tenants over and under the age of 62 who were involved in negative incidents. A total of 361 tenants were cited as involved in negative incidents during the six-month period including 135 elderly and 226 non-elderly disabled residents. *Overall, the portion of tenants, both young and old, involved in negative incidents is relatively small.* The 361 tenants involved in negative incidents represent 6 percent of the total tenant population represented in the survey (6,166). The committee also computed separate percentages of elderly and non-elderly tenants involved in management problems, illustrated in Figure II-3.

Figure II-3. Percent of Negative Incidents



Source: LPR&IC survey of housing authorities, July 2004

The reported incidents show that 20 percent of all disabled residents were involved in a negative incident, as compared to three percent of the total elderly tenant population. *Therefore, as a group, younger persons with disabilities were more likely to be involved in negative incidents.*

Nature of incidents. Program review asked housing management to indicate the number of incidents by type. Housing authorities reported a broad range of types of incidents, from noncompliance with policies regarding parking, pets, and disruptive guests, to inappropriate social behavior, to criminal activity. To measure the level of problems, program review categorized the reported incidents into three types: serious incidents, inappropriate social behavior, and lease violations.

Serious incidents. While the program review committee recognizes what constitute a “serious” problem is a matter of judgment, for the purposes of this report, incidents involving physical safety or criminal activity were categorized as “serious”. This includes incidents of physical altercations, illegal drug use, drug dealing, and prostitution. A breakdown of these incidents and residents involved is presented in Table II-1.

As Table II-1 shows, there were 153 incidents involving 24 housing authorities identified as serious, approximately 14 percent of the total 1,103 reported for the six-month period. There were two categories in which no elderly tenants were involved - drug dealing and prostitution. The vast majority of serious incidents (141) involved a younger tenant. Due to data limitations, the total number of tenants involved in serious incidents cannot be calculated since an individual could be involved in more than one type. Nonetheless, the volume suggests that more young tenants than older residents were involved in serious incidents.

Table II-1. Serious Incidents Reported in Last Six Months.					
Type of Serious Incident	Total Number of Incidents	Tenants Under Age 62 With Disabilities		Tenants Over Age 62	
		Number of Incidents	Number of Tenants	Number of Incidents	Number of Tenants
Physical altercation	42	34	15	8	8
Illegal drug use	61	57	21	4	2
Drug dealing	31	31	12	0	0
Prostitution	19	19	5	0	0
Total	153	141	*	12	*
*Total is not calculated since a tenant may be involved in more than one type of incident. Source: LPR&IC survey of housing authorities, July 2004					

Inappropriate social behavior. The committee also asked housing authorities to report incidents regarding complaints of inappropriate social behavior. This category constitutes 12 percent of all incidents. As seen in Table II-2, the types of incidents mentioned most frequently were use of profanity, public intoxication, public nudity, and panhandling.

Table II-2. Inappropriate Social Behavior Reported in Last Six Months.					
Type of Inappropriate Social Behavior	Total Number of Incidents	Tenants Under Age 62 with Disabilities		Tenants Over Age 62	
		Number of Incidents	Number of Tenants	Number of Incidents	Number of Tenants
Profanity	61	59	24	2	2
Public Intoxication	21	20	11	1	1
Public Nudity	12	12	2	0	0
Panhandling	30	30	6	0	0
Other Miscellaneous	7	6	3	1	1
TOTAL	131	127	*	4	*
*Total is not calculated since a tenant may be involved in more than one type of incident. Source: LPR&IC survey of housing authorities, July 2004					

Almost all of the incidents involved a younger disabled tenant with only four incidents involving residents over the age of 62. There were two categories in which no elderly tenants were involved – public nudity and panhandling. Similar to the previous analysis of serious incidents, the total number of tenants involved in inappropriate social behavior cannot be determined because of limitations in the way data were reported. However, the volume suggests more young disabled residents exhibited inappropriate social behavior.

Lease violations. The largest number of incidents, 819 (74% of total), fell into the broader category of lease violations. While all negative incidents may technically be lease violations, the incidents included in this category typically are general violations of housing authority rules and regulations. Table II-3 presents the range of incidents in this category.

Table II-3. Lease Violations Reported in Last Six Months.					
Lease Violations	Total Number of Incidents	Tenants Under Age 62 with Disabilities		Tenants Over Age 62	
		Number of Incidents	Number of Tenants	Number of Incidents	Number of Tenants
Verbal altercation	266	172	78	94	59
Excessive noise	165	101	49	64	13
Poor housekeeping	184	114	61	70	32
Destruction of property	35	30	21	5	3
Disruptive guests	111	86	47	25	18
Other lease violations (e.g. occupancy, parking, laundry, pets)	58	43	14	15	6
TOTAL	819	546	*	273	*
*Total is not calculated since a tenant may be involved in more than one type of incident. Source: LPR&IC survey of housing authorities, July 2004					

Among the most frequently reported incidents were verbal altercations (266) followed by poor housekeeping (184), excessive noise (165), and disruptive guests (111). These incidents, specifically verbal altercations, greatly outnumber incidents in any other category. As the table illustrates, both populations engage in these types of incidents. Although elderly residents appear to be involved to a somewhat lesser degree in these incidents than younger disabled tenants, the ratio between the two groups for these types of violations is closer than in the other categories.

In their survey comments, most housing management officials attributed many of these incidents to intergenerational conflicts and lifestyle differences. Some housing authorities believe individual personalities and interests often contribute as much to lifestyle differences as do age or disability. The issue of disruptive guests and excessive noise were frequently mentioned in discussions with residents. The resident group discussions conducted by the committee provided further insight about these problems and are summarized below.

Police involvement. According to housing authorities, approximately 17 percent (184) of the total negative incidents required police intervention. Discussions held with residents and housing authority staff reveal that frequently negative incidents occur at night or on weekends when management is not readily available. Some housing authorities have taken the approach of encouraging and directing residents to call the police when negative incidents occur. Presumably, this approach is to provide documentation of problems and discourage frivolous complaints.

As another measure of incident severity, the committee contacted all local police departments to get a sense of the type of incidents to which they have been requested to respond. Overall, the 25 police departments that responded to the committee request reported receiving a total of 715 calls from state elderly/disabled housing projects in the six-month period. Of these calls, 330 were for medical or 911 emergencies; 151 were for miscellaneous reasons (including parking violations, animals, found property, and tenants locked out of apartments); 81 visits were in response to alarms (fire, security, car, etc.); and 54 reports were for burglary, assault, reckless driving/car accidents, and drug/intoxication. Noise and other disturbances, suspicious activity, and disputes between neighbors together amounted to 14 percent (99) of the calls reported.

Comments from residents and housing authority staff in a few locations suggest a disjointed approach by law enforcement and community service providers in responding to calls for service at housing developments. Housing managers and residents reported that at times the law enforcement response is to identify a problem as a management or mental health problem, conclude that law enforcement is not equipped or authorized to respond, and suggest that management or mental health providers be contacted. At the same time, housing authority staff and residents contend mental health providers indicate a problem requires arrest or confinement and suggest calling law enforcement. *The absence of a unified approach by law enforcement and community support services providers in responding to calls for service raises concern for the safety and well being of residents at mixed population housing developments.*

Characteristics of housing authorities with negative incidents. As part of its analysis, the committee sought to identify characteristics of housing authorities reporting negative incidents. In general, there were two interrelated factors that appear to relate to the total number of incidents – the size of the housing project and the number of younger disabled tenants at a project. Overall, larger developments (over 100 units) have significantly more total incidents than smaller housing developments. Serious incidents, as defined in this study, were reported in 24 housing authorities with the vast majority of incidents occurring in developments with more than 50 units.

Large housing developments also have significantly more young disabled residents than smaller projects. The size of the housing authority appears to be related to the number of incidents involving disabled tenants. Larger developments (over 100 units) had a median of 13 negative incidents involving younger disabled. Medium size projects (50 to 100 units) had a median of three negative incidents with younger disabled residents. Developments with less than 50 units had a median of only one negative incident involving a tenant under age 62 in the last six months. Similar data analysis conducted for elderly residents was not statistically significant.

Across housing authorities, the percent of young disabled tenants involved in negative incidents ranged from zero to 100 percent of the young disabled who lived at the project. In general, committee analysis found that the higher the *number* of disabled residents, the more negative incidents involving disabled tenants. Interestingly, there appears to be no statistical relationship between the *percent* of the disabled population residing at a housing authority and the percent of disabled tenants involved in negative incidents. Table II-4 illustrates an example of this point. Two housing authorities can have the same percentage of disabled tenants (10%) while having different numbers of disabled tenants. At the same time, the housing authorities may have a different percent of their disabled population involved in negative incidents but have the same number of disabled tenants (5) involved in negative incidents.

Table II-4. Example of Number vs Percentage				
	Number units	10% of tenants are disabled	Number of disabled tenants involved in negative incident	Percent of disabled involved in negative incident
HA 1	50	5	5	100%
HA 2	100	10	5	50%

Furthermore, the total number of negative incidents and the number of such incidents involving a young disabled tenant is not related to whether a housing authority has a resident service coordinator or whether the housing authority has a policy for addressing negative incidents. This will be discussed further in this chapter.

Program review also asked housing authorities if the physical characteristics of projects (e.g., high-rise or garden apartments) had an effect on the number of negative incidents. Generally, housing managers felt that high-rise apartments tend to generate more management problems because of the number of common areas, stairwells, and elevators. In addition, the committee asked housing authorities if the number and types of problems occurring in elderly/disabled housing is the same in the other types of housing programs they run. Most housing authorities stated that there is generally more criminal activity in their other projects.

Group Discussions with Residents

The committee recognized the need to receive input from the parties most affected by the policy of mixing populations – the residents. Formal public hearings, open forum meetings, and smaller group discussions were conducted in several communities around the state. Formal public hearings were held in Hartford, Hamden, Norwich, and Danbury. Open forum meetings and group discussions were also held at elderly/disabled housing projects in Manchester, Bristol, Hamden, Waterbury, and Danbury. In addition to these venues, residents were also offered the opportunity to contact the committee by mail, email, or telephone and several did.

The open forum and group discussion locations were chosen for a number of reasons including the concentration of young disabled residents, geographic diversity, size, and reputation. Further details are provided in Appendix E. It is important to note that the number of residents interviewed was not a statistically valid sample. Participation was wholly voluntary. Approximately twenty residents participated at each of the five locations. One location only had

ten or so participants. At most locations, the committee met with groups of young disabled and elderly residents separately.

Each group was asked a series of questions regarding their thoughts, opinions, and experiences residing in a mixed population environment. Each location produced a variety of responses to the questions. Overall, the consensus of the groups was their development is a good, safe, and peaceful place to live. Residents at most of the locations reported some degree of disturbance or negative incidents. However, tenants at one project reported no incidents or problems, indicating both populations either get along or keep to themselves.

The extent of problems reported ranged from violations of parking and laundry room use to allegations of drug dealing and prostitution. A common concern was the presence of outside visitors. A few places had concerns regarding security especially related to common areas, stairwells, and doorways. Some reported fear of retaliation for complaining to management. Police presence varied by location from regular patrols to casual dismissal of complaints.

Most residents stated housing management was responsive and helpful albeit slow. A few felt that housing management at times gave some individuals more than adequate leeway in behavior that would not be tolerated in other settings. Resident service coordinators were viewed positively although few were actually identified as mediators. Tenants seemed to appreciate their resident service coordinator's event planning and assistance in securing service needs.

Some felt very strongly that the policy of mixing populations was a bad idea and that senior and disabled groups each deserved a place of their own, but overall many did not see any reason why the policy should change. It is important to note that some tenants did not seem to understand that a mental disability is considered a legally protected disability.

Both elderly and younger disabled groups mentioned lifestyles and generational differences as factors in the conflicts. Elderly residents think they have little in common with younger persons and some of the younger people show little interest in becoming involved with their elderly neighbors. At the same time, people at most locations also cited evidence that mixed populations can sometimes be beneficial to both groups. Examples were given of some younger tenants assisting elderly neighbors with errands.

Another common theme was the lack of affordable housing alternatives. Each group indicated they believed they had no viable or comparable residential options in the community. Several expressed fear that a change in this policy would result in their loss of housing.

Summary. Overall, the portion of tenants, both young and old, involved in negative incidents at state housing projects is relatively small (6%). This group was involved in a total of 1,103 negative incidents during a six-month period. As seen in Figure II-4, 74 percent of the negative incidents (819) fell into the broad category of lease violations that were general violations of housing rules and regulations. There were 153 incidents (14%) identified as "serious" and 131 complaints (12%) of inappropriate social behavior during the six-month period. Approximately 17 percent (184) of the total incidents required police intervention.

Figure II-4. Negative Incident Summary



Source: LPR&IC survey of housing authorities, July 2004

There were two interrelated factors that appear to relate to the total number of incidents - the size of the housing projects and the number of younger disabled tenants. A total of 361 tenants were cited as involved in negative incidents during the six-month period including 135 (37%) elderly and 226 (63%) non-elderly disabled residents. As a group, younger persons with disabilities appear more likely to be involved in negative incidents. The reported incidents show that 20 percent of all disabled residents were involved in a negative incident, as compared to three percent of the total elderly tenant population.

What an “acceptable” or even an expected level of persons involved in negative incidents is subjective. For some, six percent of tenants involved in negative incidents will not seem excessive. Others may find the higher percentage of disabled individuals involved in negative incidents, particularly in the vast majority of serious incidents, unacceptable. While the acceptable level of negative incidents is debatable, what is clear is that they do occur.

Younger disabled and elderly persons living together in public housing pose several difficult but not insurmountable management challenges. To meet them it is necessary to identify the problems, understand the root causes, be willing to introduce changes, and have access to appropriate and sufficient resources. The discussion and recommendations outlined below provide a basic foundation to address these issues.

Management Tools

Just as there is a range in the type and extent of problems, there are also a number of reasons why these problems exist. Interviews with housing managers and tenants identify a number of contributing factors. In any type of housing development, human nature and individual personalities will produce a number of people who will not get along. There will also be people who are just not good tenants or neighbors. This is to be expected in a mix of any group of people living together.

In addition to these factors, there are a few factors that are specific to the elderly/disabled housing community. There may be persons who have been inappropriately placed in a community that is designed for independent living. There may be individuals who need social support services but either refuse them or are unaware of their need. There may be individuals

who may have been receiving services and treatment prior to tenancy but become unable to independently function well later for a variety of reasons.

Although challenging, several of these problems can be addressed through a variety of management tools. Housing authorities have two significant management tools at their disposal to handle problem tenants. At the application stage, housing authorities screen individuals for tenant suitability while subsequent non-compliant tenants may be evicted. However, housing authorities have frequently commented on the limitations of the allowable screening process and the prohibitive nature of eviction proceedings.

Tenant Suitability and Screening

After determining an applicant's eligibility to live in elderly/disabled public housing, the housing authority determines, like any landlord, whether the applicant is suitable for tenancy. State-funded housing, similar to rentals in the private market, operate with written lease requirements. As such, LHAs have a responsibility and an opportunity to screen applicants so those selected will abide by the lease provisions including paying their rent, maintaining their units, and not behaving in a disruptive manner.

Unlike eligibility determination, under which an applicant is either eligible or not, applicant suitability is subject to a wide range of interpretation and judgment by housing authority staff. *The state's operating manual for subsidized housing outlines the eligibility requirements; however, it does not address tenant screening.* According to housing authorities interviewed by program review, most LHAs follow the HUD guidelines issued for the federal projects they manage. Those guidelines allow screening, provided it does not violate antidiscrimination laws.

Many housing authorities believe their ability to screen applicants is limited due to these guidelines. Seventy-four percent of housing authorities responding to the program review survey believe there are limitations to the effectiveness of their current applicant screening process in identifying problem tenants.

Antidiscrimination laws prohibit a housing authority from applying different or stricter screening standards to applicants with disabilities than it applies to other applicants. Questions and information requested during admissions screening must be based upon an applicant's abilities to meet the demands of tenancy and satisfy eligibility requirements. Applicant evaluations must be made on individual behavior history and not on assumed behavior or unfounded perceptions.

According to federal law, the application process cannot solicit information about the nature or severity of an applicant's disabilities. The law prohibits inquiries regarding an applicant's health or ability to live independently. Applicants cannot be asked to prove they are capable of independent living and cannot be required to provide confidential medical records to support claims they can live independently.

To screen tenants, the LHA typically asks for information such as the applicant's income, the number of people who need accommodation, references from past landlords, and if

applicable, work history. LHAs may use this information to examine an applicant's history of meeting financial obligations, caring for a rental unit, or involvement in disruptive or criminal activity.

Local housing authorities use different methods and combinations of information to screen applicants. Police records, reports from previous and current landlords, and credit checks all provide important information. Most housing authorities (67%) conduct criminal background checks through a state or local police database. Many housing authorities (55%) in the state use a private service based in Massachusetts, the INFO CENTER, that provides information on a person's credit history, criminal record, and any court-ordered evictions. Over 30 percent use some other type of credit history check. Even with these mechanisms, housing authorities report difficulty in screening applicants in certain situations.

Lack of rental history. A housing authority typically examines the housing history of an applicant for the past three to five years to assess whether the applicant would be a successful tenant. However, determining suitability of applicants may be a problem if no rental history exists. Some persons with disabilities may not have a rental history because they have never lived on their own or have spent extended time in medical or treatment facilities. The LHAs may not inquire into the nature of the condition, medication, or treatment including the name of the medical treatment facility. Without rental history, LHAs may seek alternative references that the applicant may choose to supply, such as physicians, caseworkers, or relatives to find out whether the applicant has a history of disturbing neighbors, destroying property, or failing to pay debts. However, LHAs find this information could be unreliable if the party contacted is motivated to help the person find housing, regardless of the applicant's true ability to uphold a lease agreement.

Substance abusers. State law specifically makes people ineligible for elderly/disabled housing if they: (1) currently use illegal drugs; (2) abuse alcohol with a recent history of disruptive or dangerous behavior which would constitute a direct threat to the health, safety, or property of another; (3) have a recent history of disruptive or dangerous behavior which would constitute a direct threat to the health, safety, or property of another; or (4) have been convicted of selling or possessing illegal drugs in the past two years (C.G.S. Sec. 8-116c).

Due to changes in federal law, substance abuse alone is no longer a basis for a disability determination. However, the co-occurrence of a physical or mental disability and substance abuse renders some persons with disabilities to be considered dually diagnosed. Housing authorities raise this as another difficult screening issue for applicants whose histories suggest that they may be substance abusers but who claim to be in recovery or rehabilitated.

Screening for alcohol abuse is slightly different than for illegal drug use. Although alcohol is a legal drug, abuse with a recent history of disruptive behavior is grounds for rejecting an applicant. However, LHAs are required by state law to consider any mitigating circumstances for alcohol abuse. Specifically, state law requires that a housing authority give consideration to the time, nature, and extent of the applicant's conduct and to factors which might indicate a "reasonable probability of favorable future conduct," such as evidence of rehabilitation and of a willingness to attend counseling (C.G.S. Sec. 8-45a).

History of disruptive behavior. LHAs are allowed to investigate an applicant's history in order to avoid admitting applicants who might engage in disruptive behaviors. Housing authorities may ask if the applicant:

- kept a unit clean, safe and sanitary;
- violated health or safety codes;
- caused any damage to a current or previous unit; or
- was involved in any disturbances resulting in neighbor complaints or calls to the police.

LHAs typically use former landlord references to confirm applicants' past behavior regarding financial obligations, disturbances with neighbors, destruction of property, upkeep of apartments or criminal activity, which would adversely affect other residents. However, housing authorities interviewed by the committee indicated previous landlords may not be forthcoming with such information because they would like to unload a problem tenant.

Independent living. Residing in state elderly/disabled housing is considered independent living. Residents are expected to have the health and physical mobility to enable them to live on their own with minimal assistance. Support services may be used by residents to maintain independent lifestyles. However, federal policy guidelines clearly indicate that it is a federal law violation to inquire whether a individual is capable of "living independently."⁷ Housing authorities may ask all applicants whether a unit with special features or some other accommodation is needed. However, they may not question the type of support services applicants may need to live independently.

Federal regulations also require housing authorities to consider "reasonable accommodations" so persons with disabilities can live in public housing. These accommodations may be adjustments in the rules, policies, practices, or services governing occupancy. Adjustments are not required if they create an undue financial and administrative burden.

Outside of criminal record and credit checks, housing authorities must rely heavily on references when considering an applicant with limited or no rental history. Applicants such as individuals who have a history of homelessness and/or mental illness may provide references from a social worker or case manager. Case managers may provide assurances that they will support their clients in housing and help them comply with their leases. However, housing authorities believe sometimes references are more concerned about placing an individual than whether the placement is appropriate. Even in cases where applicants voluntarily provide full disclosure of a disability and/or have a support system, some individuals may be suitable when applying but later experience problems when left to live alone or changes in their condition occur.

⁷ HUD changed its policies after a 1990 federal court (Cason v. Rochester Housing Authority, 748 F. Supp. 1002 (1990)) found that a housing authority had discriminated illegally against three women with disabilities in rejecting their applications for housing on the grounds that they could not live independently. The federal court found the "independent living" standard to be intrinsically discriminatory against people with disabilities.

Establishing and maintaining a careful screening process for applicants helps ensure that only those applicants who can meet the terms of their lease are accepted. Without appropriate screening, management problems and evictions increase, and morale among residents declines. It is possible to comply with state and federal provisions while still holding all applicants to rigorous standards. Although changes in this area are limited because of federal law protections, better training and understanding of policies would be helpful.

Therefore, the program review committee recommends DECD, in conjunction with CHFA, revise and update the contents of the operating manual for state funded elderly/disabled housing programs no later than January 1, 2006. Specifically, DECD, in consultation with the state Commission on Human Rights and Opportunities (CHRO), should develop guidelines for tenant selection and suitability that are in accordance with all relevant state and federal laws. In addition, DECD should also seek input from social service agencies such as DMHAS, DMR, and DSS in the development of such screening criteria. Furthermore, the manual should address the need for a policy about and documentation of negative incidents.

A key component of any program management is the development of clear, updated, and instructive policies and procedures. As noted at various points in this report, this key component is lacking in the state elderly/disabled housing program. *The existing housing manual for the management of state financed housing is in need of updating and does not address certain essential topics.* For example, the manual still refers to the Department of Housing and instructs users to refer questions to a division that no longer exists.

The manual also explains tenant eligibility requirements but does not address tenant selection or suitability. Housing authorities claim that being prohibited from asking about the nature and effects of an applicant's disabilities jeopardizes their ability to determine in advance whether or not the applicant is likely to be lease compliant and able to live independently in public housing. The committee believes the manual for state financed elderly/disabled housing should provide guidelines for the kind of questions that could legally be asked of applicants. This would assist housing authorities to screen out applicants whose exhibited behaviors indicate they are incapable of independent living and/or in need of social service support without fear of litigation.

Another area where guidance should be provided is the development of policies regarding negative incidents. The program review survey results found 47 housing authorities (59%) had a policy to address negative incidents when they occur while 33 (41%) did not. Fifty housing authorities (63%) had a system to track negative incidents while 30 (38%) did not. Although having a policy in place does not guarantee enforcement, the committee believes expectations about the consequences of negative incidents should be clearly outlined and established at each housing authority. In addition, housing authorities should be provided guidance on how to track and document negative incidents that may be useful in the event of eviction proceedings.

Development of these operating policies and procedures will allow housing authorities to conduct thorough screening for all applicants based on clear, objective criteria and perhaps identify and reach out to residents who may be in need of services but are not currently receiving

them. Screening applicants thoroughly allows the authority to select only those individuals who can successfully meet the terms of their leases, leading to greater residential stability for all residents and fewer crisis or problem situations.

The lack of a formal policy concerning negative incidents has serious implications for the management of elderly/disabled housing. While housing authorities with few problems may see little need for a policy, a formal policy helps management, staff, and residents understand their respective rights and responsibilities regarding behavior that may place an individual's tenancy in jeopardy.

Waiting lists. Another example where policy and procedure clarification is needed is the creation and maintenance of wait lists. DECD contends policies in this area are clearly outlined in state regulation. However, interviews conducted by the committee and testimony given by housing authority officials at public hearings suggest confusion and/or lack of awareness of the requirements for the development, maintenance, and selection from wait lists. Several factors contribute to this situation.

First, the provisions relating to wait lists are referenced in different sections of the state regulations. Second, if local authorities also operate federal projects, they may maintain a combined waiting list for all the units they oversee. In such cases, the federal policy of selecting tenants based solely on the date and time of application (i.e., first come, first served) is usually followed. Third, some housing authorities have chosen to continue or believe they are required to use the optional federal preferences discontinued in 1996.

State statutes require that all applicants be given a receipt stating the date and time of application and a public list of applications be maintained in accordance with DECD regulations. These regulations, unchanged since first promulgated by the former Department of Housing in 1986, repeat the statutory provisions and only add requirements that authorities annually revise their lists and, if requested, make them available to the department. In accordance with its affirmative fair housing regulations, which were developed in consultation with the Commission on Human Rights and Opportunities, DECD recommends that a purely random lottery or the point system approved for affirmative fair housing marketing plans be used to select tenants when asked by local authorities.

The recommended affirmative fair housing point system takes into account substandard housing, living situation (e.g., living in temporary or transitional housing), and income-to-rent ratio. Since young disabled persons are more likely than persons 62 or older to be homeless or living in substandard or temporary housing or paying half or more of their income for housing, following this system could give non-elderly disabled applicants preference for admission.

Federal policy also permits local housing authorities to establish admission preferences for certain categories of applicants in federal housing projects and, in the past, some preferences (e.g., for persons involuntarily displaced, living in substandard housing including being homeless, and paying more than 50 percent of income for housing) were required for federal projects. Many authorities chose to eliminate these preferences when they were no longer

mandatory. As a result, each local housing authority is generally allowed to set its own wait list and tenant selection policies, provided all applicable statutes and regulations are followed.

DECD was unable to tell the program review committee how many housing authorities have established preferences and, if in place, what they are. The department also did not know which, if any, authorities are using lottery or approved point systems to select state elderly/disabled housing tenants.

Inconsistencies in the way wait lists are created and maintained make it difficult to use wait list data for planning or needs assessment purposes and may result in inequitable treatment of applicants. Data are not centrally compiled and local authority policies and procedures are not monitored. *The program review committee found DECD provides little guidance on waiting lists and tenant selection policies for state elderly/disabled housing to local housing authorities.*

The program review committee believes this issue should be addressed in the updated policy manual and through instruction and training of housing managers. According to DECD, training was provided to housing authorities approximately ten years ago. Since that time housing authorities with questions or concerns could receive technical assistance provided by the department's affirmative fair housing staff person. However, this position was recently vacated and not filled due to budget constraints.

The need for training is also evident considering the varying levels of experience indicated by housing officials responding to the program review survey. While 35 percent of the officials responding to the committee survey reported having more than ten years of experience in their current positions, the vast majority had less than ten years. Thirty-eight percent of the housing officials had less than five years.

Therefore, the committee recommends the DECD operating manual for housing include procedures on the creation and maintenance of wait lists. Also, training regarding state affirmative fair housing requirements including but not limited to the use, maintenance, and selection from wait lists should be re-instated.

Evictions

Another important management tool available to housing authorities is eviction (called the summary process in Connecticut). However, housing authorities claim the eviction process is long, expensive, and tends to favor tenants. (A description of state eviction law is provided in Appendix F.) Through its survey, the committee compiled statistics on eviction proceedings initiated by housing authorities against tenants of state elderly/disabled housing.

Forty-nine housing authorities (61%) reported having initiated eviction proceedings in the last five years. Thirty-one housing authorities (39%) did not attempt any evictions in the last five years. An overview of the number of eviction proceedings initiated by housing authorities in the last five years is presented in Table II-5.

Table II-5. Number and Type of Evictions in Last Five Years					
<i>Against...</i>	Non-Payment Of Rent	Illegal Drug Activity	Disruptive Behavior	Other Lease Violation	Total
Tenants age 62 and over	34	0	13	8	55
Tenants under age 62 with disabilities	99	20	82	9	210
TOTAL	133	20	95	17	265
Source: LPR&IC survey of housing authorities, July 2004					

During the last five years, substantially more eviction proceedings have been pursued against young disabled tenants than elderly tenants. Housing management has initiated a total of 265 eviction proceedings – 55 against elderly tenants and 210 against younger disabled tenants. Non-payment of rent and disruptive behavior are the two most common reasons for evictions for both populations. While twenty evictions for illegal drugs have been brought against younger disabled tenants, no elderly tenants have been evicted for this reason. The number of evictions for other reasons – typically for lease violations such as being over occupancy – is the same for both populations.

Outcome. The program review committee also asked housing authorities to provide eviction outcome data. Table II-6 summarizes the outcome of the housing authority eviction proceedings for the last five years. For every type of eviction proceeding, there appears to be only slightly more evictions than mediations. In a smaller percentage of cases, the end result is the tenant moving away before judgment is rendered.

Table II-6. Outcome of Housing Authority Eviction Proceedings in Last Five Years.				
<i>Number resulted in:</i>	Non-Payment Of Rent	Illegal Drug Activity	Disruptive Behavior	Other Lease Violation
Eviction of tenant	55	9	39	3
Mediation/other negotiation	50	7	32	2
Other (e.g., tenant moves) *Cases Pending	26*	4	24	9*
Source: LPR&IC survey of housing authorities, July 2004				

Court personnel, known as housing specialists, are responsible for the initial screening and evaluation of all contested housing matters. Housing court statistics indicate approximately 95 percent of the cases referred to housing specialists are settled.

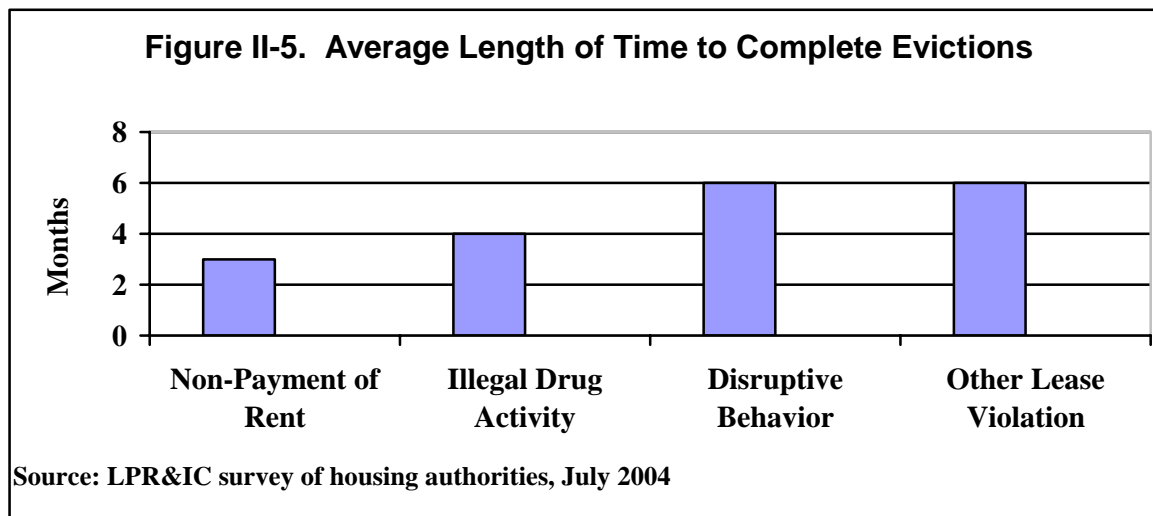
Some housing authorities believe the housing court system tends to favor tenants of subsidized housing. The outcome data reported in Table II-6 show the number of cases that resulted in eviction (in favor of the housing authority) and the number of cases resulting in mediation or other negotiation (presumably in favor of the tenant) are almost identical across categories. If the number of cases where the tenant moves away before judgment is factored in

(in essence, eviction by default), the number of instances where the tenant is removed is slightly higher. This result is similar to housing court statistics for evictions initiated by all types of landlords. Housing court statistics indicate evictions brought by all types of landlords are resolved primarily in favor of the landlord by either default or judgment.

Whether or not the number of cases resulting in mediation or other settlement may be considered high is debatable. This may show that housing authorities are pursuing cases without sufficient evidence to prove their cases or, as housing management claims, that housing court favors tenants of subsidized housing. Conversations with housing specialists who mediate the cases before they are presented in court suggested to the committee that their primary objective is to try to negotiate an agreement that is fair to all parties. However, if at all possible, housing specialists try to avert rendering an individual homeless.

It is understandable for a judge to be concerned with the fate of a tenant who is not committable or incarcerable but who is unable or unwilling to abide by a lease in a standard tenancy. This is particularly true of a tenant with a disability who may have gone off his or her medication or is a substance abuser in relapse. In addition, it is widely accepted that public housing is viewed as “the housing of last resort.” However, it is a disservice to all residents if individuals who cannot meet the screening criteria or terms of a lease are allowed to continue to live in public housing because there are no other options for them. Program review believes this underscores the importance of more housing alternatives and access to appropriate social services. Without involvement of a service agency that can offer alternative or more appropriate housing, evictions will simply not be pursued as vigorously or granted as they should to protect the rights of other tenants.

Process time. Committee analysis, shown in Figure II-5, found the average length of time to complete the eviction process as reported by housing authorities was three months for non-payment of rent; four months for illegal drug activity; and six months for evictions on the basis of disruptive behavior and other lease violations. Limitations of the housing court’s computer system and resources precluded the committee from conducting an independent verification of processing time for housing authority cases.



According to housing authorities, housing advocates, court personnel, and attorneys practicing landlord-tenant law, the pace of an eviction proceeding depends on a number of factors including the grounds for evictions, whether the case is contested, the complexity of the case, and whether or not legal counsel is involved.

The steps and timeframes for summary process are set out in C.G.S. Sec. 47a-23. The summary process begins with the landlord serving the tenant with a *notice to quit*. There must be at least three full intervening days between the date the notice to quit is served and the last day specified in the notice for the tenant to vacate the premises. If the tenant remains on the premises after the last day given in the notice to quit, the landlord may submit a *summons and complaint* with the court. The court clerk sets a return date on the summons. The return date is a date from which certain time periods are measured.

Statistics collected by Connecticut's housing court suggest all summary process cases move fairly quickly from the return date. Analysis of housing court information for FY 04 indicates contested cases had a median disposition time within the court system of approximately three weeks after the return date.

However, landlords must satisfy additional procedural steps in certain cases before filing the notice to quit. Prior to starting the summary process, state law (C.G.S. Sec. 47a-15) requires a landlord to provide written notice to a tenant specifying the acts or omissions constituting the potential basis for eviction. This notice is commonly referred to as a “Kapa” notice⁸ and applies to all cases except those specifically excluded by law.

If a tenant is being evicted because the landlord claims that the tenant broke a term in the lease (other than paying the rent) or that the tenant is creating a nuisance (not within the statutory definition of serious nuisance described below) then the tenant must receive a separate pre-termination notice in addition to the notice to quit and the summons and complaint.

A pre-termination notice is not required in cases for non-payment of rent or serious nuisance as defined in the statute. To fall within the exceptions set forth in C.G.S. Sec. 47a-15, a landlord must establish that a tenant's conduct constituted a serious nuisance defined in statute as:

- inflicting or threatening to inflict bodily harm upon another tenant or the landlord;
- substantial and willful destruction of part of the dwelling;
- conduct presenting immediate and serious danger to the safety of landlord or tenants; or
- using or allowing the use of the premises for prostitution or illegal sale of drugs.

In cases where a “Kapa” notice applies, a tenant has a 15-day period in which to remedy the violation or risk the termination of the tenancy. If the breach is cured, then the lease cannot

⁸ *Kapa Associates v. Flores*, 408 A.2d 22, 35 Conn.Supp. 274 (1979).

be terminated. If substantially the same act or omission for which notice was given recurs within six months, the landlord may terminate the lease. After the lapse of six months, the pre-termination notice process must start again if the non-compliance resumes.

The courts have acknowledged the legislative intent of this provision is in essence to give the tenant one opportunity to correct the conduct that prompted the initiation of termination proceedings. It was intended to discourage evictions against first offenders.⁹ However, housing authorities suggest some errant tenants benefit from this reconciliation period by seemingly stopping the noncompliant conduct but then resuming after the six-month period expires. As a result, they can delay or suspend the initiation of eviction proceedings.

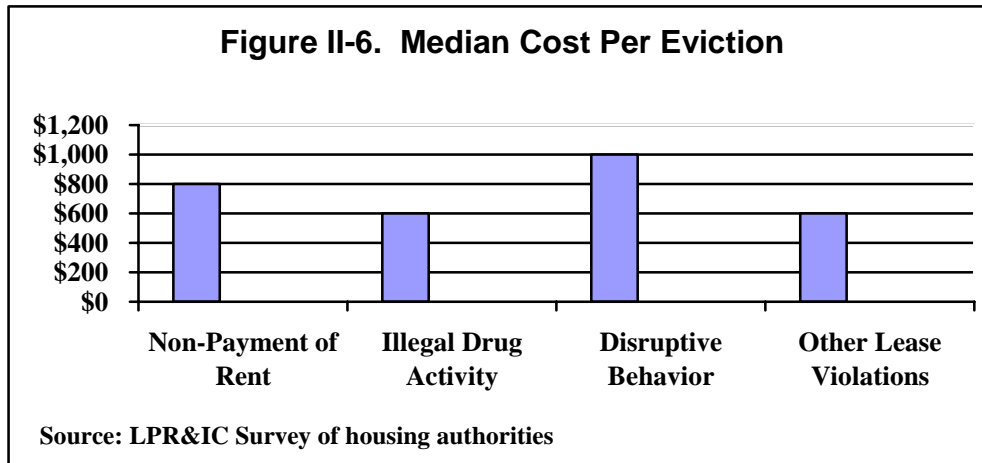
The fact of the reconciliation period may explain why eviction cases involving disruptive behavior or other lease violations may take longer than evictions based on non-payment of rent or illegal drug activity. The committee acknowledges the legislature's intent in giving a first time offender "another bite of the apple." It is noteworthy that the legislature decreased the reconciliation period from 30 to 15 days in 1997 to address landlord concerns. As such, the committee makes no recommendation about the pre-termination process but recognizes the potential delay created by it.

In addition to the time that might be incurred prior to summary process, there is also the possibility that a tenant's time in the premises is extended after judgment. In all cases, the tenant is allowed five days in which to vacate the premises. Under certain circumstances, a tenant may request a *stay of execution* to secure additional time before being ordered to leave the apartment. The length of stay can be up to six months in cases other than nonpayment of rent, serious nuisance, or where the occupant never had a right or privilege to occupy. In the case of nonpayment of rent, a tenant may apply for a stay of up to three months by depositing with the court clerk the full rent arrearage due within five days of the date that the judgment was entered.

Extension of time may also explain the length of eviction time as reported by housing authorities. As with the pre-termination notice requirement, the committee understands the legislature's intent in its provisions for stays of execution and appreciates the court's discretion in granting additional time. Therefore, the committee does not make any recommended changes in this area but recognizes the provision's impact on eviction time.

Cost. Eviction expenses reported by the housing authorities suggest cost variations exist for all types of evictions. As seen in Figure II-6, evictions for disruptive behaviors are the most expensive with a median cost of \$1,000. The median cost for evictions for non-payment of rent is \$800 while the cost for evictions for illegal drug activity or other types of lease violations was approximately \$600. Many housing authorities noted in their survey responses and in interviews with the committee that these figures do not include the cost of staff time and resources to prepare and proceed with a case.

⁹ *Housing Authority of City of Norwalk v. Harris*, 282 Conn.App. 684, 611 A.2d 934 (1992)



Housing management indicate evictions for disruptive behaviors are more expensive because these cases take longer to document and prove. According to housing authorities, eviction costs for illegal activity may be less expensive because housing authorities will only pursue irrefutable illegal drug activity such as conviction of drug use or sale. Cases involving suspected drug use or drug activity by someone other than the tenant, for example a guest, would more likely be pursued on the grounds of serious nuisance or disruptive conduct, which is harder to prove.

When housing management decides to initiate eviction proceedings, it must believe there is sufficient available evidence to attempt to do so. Each eviction requires substantial written documentation. One difficulty associated with complaints and lease violations is that unless another tenant is willing to put in writing his or her complaint, the housing manager has no formal documentation of a complaint. Most tenants are unwilling to put their complaint in writing. Without the documentation, it is difficult to go forward with eviction proceedings. At times, there may be a lack of cooperation by tenant witnesses because of fear of retaliation. The loss of witnesses significantly impacts a landlord's ability to defend its eviction action.

Discussions with housing advocates and attorneys practicing landlord-tenant law suggest the cost of evictions for some housing authorities may be higher than necessary because they are represented by local attorneys who may not have experience in this area or they hire counsel at an hourly rate rather a flat rate per proceeding.

When asked about the effectiveness of evictions as a management tool, 31 percent of the housing authorities stated evictions were not at all effective. Thirty-five percent indicated evictions were somewhat effective while 34 percent reported evictions were effective to very effective as a management tool.

The committee believes more awareness of the myths and realities of the eviction process and housing court is needed. Currently, the Connecticut judicial branch publishes a number of brochures discussing the summary process (eviction) and the rights and responsibilities of landlords and tenants in Connecticut. These brochures appropriately focus on the procedural aspects of the court system. However, the committee finds some housing authorities would

benefit from more guidance on ways to build stronger eviction cases such as the importance and methods of complaint documentation, techniques to gather and retain witnesses, and mediation strategies. In addition, suggestions on pooling resources to purchase legal services or selecting legal counsel would be beneficial. **Therefore, program review recommends DECD, in conjunction with CHFA, consult with Connecticut housing court specialists and the Connecticut association of housing authorities on developing possible seminars or materials on eviction proceedings.**

Other lease enforcement. In general, eviction proceedings are the last recourse, since avoiding the need for eviction is usually more cost-effective for housing authorities. Ideally, thorough screening reduces the admission of problem tenants. No matter how strict or cautious the screening criteria may be it is impossible to catch all potential problem tenants. In addition, a prospective tenant may initially pass the screening criteria but later his or her behavior may change for the worse. This is when lease enforcement can be a valuable management tool.

Discussions with groups of residents and testimony at various public hearings suggest lease enforcement across housing authorities varies. Management was frequently described as either too lenient or too strict in its enforcement of the lease provisions. Statements from residents and advocacy groups imply that housing management is lenient on problem tenants even when the lease suggests harsh consequences. This belief is somewhat supported in the finding that there does not appear to be a correlation between having a policy for negative incidents and the number of negative incidents. *Program review believes this may be indicative of enforcement issues despite the existence of a policy or perhaps an inability by management to convey or residents to understand the policies.*

As discussed earlier, the consequences of negative incidents must be clearly outlined and explained to all tenants. Problems on the part of any resident must be addressed quickly and equitably to ensure the safety and comfort of all. When a potential lease violation becomes apparent, housing authorities must document both the problem and the attempted resolution. If problems persist despite attempts to resolve the situation, eviction proceedings should begin.

Program review believes more aggressive lease enforcement is needed. Documentation, such as a tenant's signed acknowledgement that he or she has been informed of obligations and consequences of non-compliance, is also important if and when eviction proceedings are initiated. While not every type of violation should result in eviction, housing administrators must send the message that rules and regulations are serious and violators not tolerated. Given the limited resources available and number of applicants waiting for the opportunity to receive housing, it is unjust to give repeated chances to non-compliant individuals. Disruptive or dangerous behaviors on the part of any resident, young or old, with or without a disability, should be addressed by housing authorities through consistent lease enforcement to reduce real and perceived threats to security.

To accomplish this, management staff must be able to investigate complaints about lease violations and to enforce provisions of the lease in a timely and objective manner. Residents participating in the group discussions with program review staff frequently mentioned that negative incidents seem to be more problematic at night or on weekends when management staff

is not available. Having management staff on site during the day and some management presence available during the evenings or weekends may decrease reports of problems and increase resident feelings of security.

A few housing authorities visited by the committee have taken steps to improve management presence in their developments. A couple of housing authorities with high-rise buildings have installed security cameras in common areas, stairwells, or entrances. Conversations with CHFA staff revealed that more housing authorities are requesting security measures (e.g., cameras, keycards) as part of their capital needs. CHFA indicated that these security needs would be examined as CHFA asset managers continue to review the state housing portfolio. A few housing authorities have also contacted their local police departments to conduct periodic patrols of the developments. However, the committee heard from tenants and housing officials in some communities that police departments were not responsive to complaints or viewed them as management or social service issues.

Acknowledging budget constraints, program review believes housing authorities must be allowed to increase the presence of management and develop adequate security to promote a sense of personal safety for their residents. An increased presence of housing authority staff may be necessary to keep management informed of potential problem situations that may not be apparent during the day. Therefore, program review recommends housing authority plans for safety and security measures should be part of the required management plan submitted annually for review. In addition, housing authorities should be encouraged to establish rapport with local police departments outlining respective roles and responsibilities in responding to negative incidents.

Resident Service Coordinators

The legislature recognized the need to link tenants in elderly/disabled housing with appropriate social services by its creation of the state's resident service coordinator program in 1998. Resident service coordinators (RSCs) are individuals who work to maintain the residents' ability to live independently by assessing their needs and referring them to the appropriate support services in the community. Legislation enacted in 1998 established a DECD grant program to provide funding for RSCs, based on need and the availability of matching funds, to sponsors of state assisted elderly/disabled housing.

By law, housing authorities must use the funding to: (1) hire a resident service coordinator to assist residents maintain an independent living status; (2) assess the individual needs of residents for the purpose of establishing and maintaining support services; (3) maintain regular contact with residents; (4) monitor the delivery of support services to residents; (5) advocate changes in services sought or required by residents; and (6) provide mediation and conflict resolution services. It is important to note that RSCs are not case managers and do not provide direct services.

Program review identified potential improvements for the RSC program through a review of the following areas: grant distribution, RSC qualifications and job description, RSC training, and RSC program oversight.

Grant distribution. The intent of the original legislation was for DECD to distribute service coordination grants to housing authorities on the basis of need and availability of matching funds. Grant awards were originally calculated using a formula that allotted developments of a certain size a specific number of hours of RSC services per week based on a DSS recommended hourly wage rate. Developments with more than 150 units are entitled to a full-time resident services coordinator. Those with fewer units may have a part-time coordinator. RSCs may work exclusively for one community or provide service coordination for multiple housing sites.

DECD reports that since 1998 the program has grown modestly with appropriations of \$550,000 (FY 99) to \$617,654 (FYs 03-05).¹⁰ According to DECD, increases in funding reflect inflation adjustments. *Since the implementation of the program, DECD has only been able to provide grants to the housing authorities that originally requested funding.* Currently, 34 elderly/disabled housing sponsors receive funding, which supports 30 RSCs who service about 2500 residents. The program review survey results indicate most RSCs employed by state funded elderly/disabled housing developments work part-time ranging from 4 to 24 hours a week, with a majority working either eight or sixteen hours a week. Because RSC services must be available to all tenants, the potential caseload of a RSC varies by the size of the development.

Twenty-one housing authorities that currently do not employ a resident service coordinator indicated on the program review survey that hiring a resident service coordinator would be “very helpful.” DECD reports many authorities did not initially apply for various reasons. Some found no need for the additional staff and others did not want to commit themselves because the funding was only guaranteed for one year.

The committee found some housing authorities have developed creative approaches to funding and developing the RSC position. For example, the Manchester Housing Authority was able to supplement its DECD grant with federal capital funds and funding from the Area Agency on Aging and a Community Development Block Grant. By doing this, the executive director managed to secure funding for two full-time (35 hours per week) RSCs to work in congregate and state subsidized housing developments. (Both RSCs have graduate degrees in social services related fields and experience working with elderly and disabled people.)

*Given that the tenant population mix and situation at many housing authorities may have changed since 1998, program review finds that additional housing authorities may benefit from the availability of a resident service coordinator. **DECD should determine the number of additional housing authorities that would be interested in applying for a resident service coordinator grant. Based on this information, DECD should submit an appropriation request to the legislature for the FYs 06-07 budget cycle.***

RSC qualifications and job description. RSCs funded with DECD grants are required to have either a BS/BA degree in a human services or related discipline or five years relevant experience in a position involving direct contact with elderly persons. The job qualifications also call for superior interpersonal skills, effective written and verbal communication skills,

¹⁰ These amounts also include funding used to maintain a statewide registry of handicapped accessible housing, which is currently estimated at \$42,000.

organizational ability, crisis intervention skills, and mediation/conflict resolution skills. RSCs are also required to possess knowledge of the aging network, aging process, and intervention techniques. (The job description is provided in the Appendix G.)

The qualification requirements and job description fail to communicate that a RSC can expect to work with residents who are not elderly, with physical and/or mental disabilities. A review of the legislative history indicates the program was not limited to elderly residents; it was intended to provide all tenants of elderly/disabled housing access to RSCs for assistance with negotiating support services in the community, maintaining self sufficiency, and resolving conflicts. *However, the required education, skills, and experience included in the job description for resident service coordinators only reference services to the elderly.*

Discussions with individuals familiar with resident service coordinator programs argue that the job description and qualifications should remain broad and flexible to ensure a larger pool of applicants. At the same time the consensus of the various individuals interviewed by the committee for this program was that the current formula's resulting grant amount limits the pool of qualified applicants for this position. **Therefore, the program review committee recommends by July 1, 2005, DECD, in consultation with agencies that provide social services to elderly and non-elderly disabled populations such as DMHAS, DSS, and DMR, reassess the job description and accompanying qualifications for resident service coordinators to reflect the services needed by all groups residing in state funded elderly/disabled housing. In addition, program review recommends DECD, in consultation with DMHAS, DMR, and DSS, establish the number of hours and salary rate reflecting the level of skills and qualifications needed to adequately service this housing population.**

Committee interviews with RSCs and housing authorities reveal it is not uncommon for RSCs and housing management to perceive their roles as being primarily to serve the elderly. In addition, some housing managers do not appear to understand the scope of the RSC role, which has led to an expansion in RSC responsibilities beyond service coordination. A recent university study¹¹ found the tasks required by Connecticut RSCs varied considerably including being required to perform management activities such as showing apartments, collecting rent, and inspections. Interviews with housing officials found that many view their own role very differently as well. Some housing officials believe their position is purely as property managers taking care of the financial and physical aspects of the projects they oversee, not as social workers. Other housing authority officials view providing social services as part of their role.

Program review agrees that the growing and changed population requires more of a social service aspect than in the past. As a result, housing authorities may be required to serve as more than landlords. However, the committee agrees that these additional responsibilities should not fall upon housing managers who are unlikely to have the qualifications or expertise to provide social services. For these reasons, *it is important to separate the functions of building management and social services.* Program review believes the need to separate these functions

¹¹ Nancy Sheehan, Ph.D. and her graduate assistant Mariana Guzzardo of the School of Family Studies at the University of Connecticut conducted a study of RSCs in the state using a self-administered survey and telephone interviews. The study will be completed in the spring of 2005.

underscores the importance of resident service coordinators and the need for better collaboration with social service providers.

RSC training. Among the RSCs' major responsibilities are to assess the needs of residents and link them with the appropriate services. To assist in these responsibilities, DECD, in consultation with DSS, developed a Functional Assessment and Care Plan form (provided in Appendix H) to assess the needs of any tenant requesting services. However, the RSCs are not provided training on how to complete the assessment form or on how to properly assess their residents' needs. *In fact, outside the skills and qualifications they bring into the position, RSCs in state funded elderly/disabled housing are not required to have any initial or ongoing training.*

Unlike the DECD program, RSC staff in federal housing developments are mandated to meet certain training requirements. HUD requires all RSCs working in federal developments with elderly and non-elderly disabled individuals to receive a minimum of 36 training hours before they are hired or within the first 12 months of employment. HUD-funded RSCs must also receive a minimum of 12 hours of training annually. This training must cover a number of topics including: aging and elder services, entitlement programs, legal liability issues, disability services, mental health issues, and communication and conflict resolution techniques.

Training for federally funded RSCs is provided through the New England Resident Service Coordinators, Inc. (NERSC) or the American Association of Service Coordinators (AASC), which also established the first RSC certification program. The program consists of several modules taken online and a final certification exam at the annual national conference.

In conversations with program review, several resident service coordinators stated their specializations are in assisting the needs of the elderly and feel unfamiliar with mental health issues or dealing with conflict resolution involving young disabled persons. Training on how to recognize and respond to mental health problems and how best to encourage integration of younger and elderly residents can help housing managers and existing resident service coordinators become more confident in working with residents with disabilities. In particular, mental health providers can help staff and residents differentiate between behavior that is dangerous and that which is just different and possibly unsettling. Training will also help resident service coordinators learn approaches to address problems and to work with aging and disabled populations. **DECD should enlist professionals from mental health and other service agencies to train resident service coordinators and housing authority staff to better understand the needs of elderly residents as well as persons with disabilities.**

RSC program oversight. Individual RSCs in state funded elderly/disabled housing are supervised primarily by housing management. In general, housing managers are not trained in social services and are therefore limited in their ability to meet all of the RSCs' supervisory needs. Recognizing this limitation, the Glastonbury Housing Authority took a unique approach of passing its RSC funding to the town. Through its well-established Senior Services Department, the town hired a RSC for that department to serve the housing authority. In this manner, the Glastonbury Housing Authority feels the RSC is receiving the appropriate type of supervision.

RSCs also receive limited DECD oversight through financial audits and monitoring reports. As a condition of receiving the DECD grants, RSCs must assess the needs of any tenant requesting services, document all services provided, and submit quarterly reports plus an annual summary to DECD on the progress, effectiveness, and cost efficiency of the program.

Interviews with DECD staff and examination of the required RSC reports reveal:

- *the review conducted by DECD is primarily a financial audit;*
- *RSCs need clarification and instruction on the reporting requirements;*
- *the existing content and format of quarterly and year-end reports do not lend themselves to meaningful analysis and are not formally used by any agency; and*
- *DECD staff believes federal HIPPA¹² regulations and their lack of social service background prevents adequate monitoring of the required assessment form and, therefore, no one is monitoring this required function of the RSC.*

Looking at other resident service coordinator programs, the committee found that Maine has adopted a different approach toward the oversight of its resident service coordinators. In 1992, Maine created a full-time position for a manager of statewide resident services. This individual serves as an advocate and clearinghouse for information, support, training and technical assistance for resident service coordinators. This individual maintains a database of all the RSCs working in Maine's elderly and multifamily properties. The database is used to link new RSCs with experienced professionals in their geographic areas and promote the development of mentoring relationships. The database is also used to disseminate quarterly newsletters to the RSCs providing information and resources about services and service coordination.

The manager of resident services also coordinates quarterly statewide meetings featuring educational and networking opportunities. In general, these meetings are intended to provide one or more of the HUD required trainings and continuing education requirements. In addition, the Maine manager of resident services has written and assembled a resource guide for RSCs and their housing managers containing an explanation of the role and functions of a RSC complete with sample job description, technical information, codes of ethics and conduct, training information, and information on how to communicate and mediate with residents.

The program review committee recommends DECD create a single statewide manager position for the resident service coordinator program. At a minimum, this individual should:

- **assist in measuring housing authority interest to re-open availability of the RSC grants;**
- **revise the content and format of the existing RSC reporting requirements;**

¹² Health Insurance Portability and Accountability Act of 1996 (HIPPA)

- periodically monitor the activities of resident service coordinators through a review of the newly revised reporting instrument;
- provide technical assistance and guidance to RSCs in their roles and responsibilities including but not limited to the assessment of resident needs;
- evaluate the training needs of the currently employed resident service coordinators and arrange on-going training for all resident service coordinators as needed;
- act as a liaison between resident service coordinators and the social service agencies to further collaboration efforts as well as develop opportunities for resident education and awareness of disabilities; and
- prepare and maintain a resource guide including but not limited to identifying contact information and available services from the potential social service agencies across the state.

Collaboration of Support Services

Program review attempted to determine the number of state elderly/disabled housing residents who were also clients of the Departments of Mental Health and Addiction Services and Mental Retardation. Neither DMHAS nor DMR has an existing database that tracks people living in elderly/disabled housing. Each agency undertook the task of identifying the number of individuals living at identified sites using public housing addresses provided by the committee. Program review also asked both DMR and DMHAS whether they use any criteria or guidelines when assisting clients with residential needs.

Figure II-7. Percentage of DMHAS/DMR Clients in State Elderly/Disabled Housing



Source: LPR&IC survey of housing authorities, July 2004

As Figure II-7 shows, of the 1,275 non-elderly disabled persons residing in state funded elderly/disabled housing, 359 tenants (28%) are clients of DMHAS or DMR. The remaining 916 tenants (72%) are presumably either physically disabled or not receiving services from either DMR or DMHAS. Because it is unlawful to ask about a disability, there is no way to determine what percentage of each category exists.

Department of Mental Retardation. DMR found that statewide there are only 13 DMR clients living at elderly/disabled projects. One client is also elderly (over 62) and another lives

with an elderly parent. DMR conducts an assessment of support needs for DMR clients seeking residential services. Using a standardized process and forms, DMR case managers rate a client's need for support and supervision prior to residential placement. An example of a DMR assessment tool is provided in Appendix I.

Department of Mental Health and Addiction Services. DMHAS found 385 clients residing at state elderly/disabled projects. Thirty-eight of these clients were over the age of 62. DMHAS reports that it does not have nor imposes standardized criteria or guidelines to assist in placing clients. A DMHAS client receives a clinical need assessment by the team assigned to that client. The team looks at all the issues related to community living. Local mental health service agencies may use some criteria but DMHAS is unaware of local agency practice.

It is DMHAS policy to support a client's needs and desires in order for the person to live successfully in the least restrictive environment possible. The department told program review that nobody is discharged from a DMHAS-funded program, unit, or facility without ensuring the person has been provided with a reasonable opportunity to develop adequate plans to obtain services and supports he or she will need following discharge. The DMHAS-funded provider's primary role in this respect is to explore and provide information to the person about available options for housing, services, supports, and resources following discharge, assuring that the individual's preferences are given full consideration. However, it is up to the individual to make choices about what would be useful in continued recovery.

As mentioned earlier, some advocates suggest that mixing non-elderly disabled and elderly persons into public housing is possible and even successful with proper support services and partnerships between service providers and housing authorities. To evaluate the current level of collaboration, the committee asked housing authorities to rate the responsiveness of various social service agencies. Table II-7 illustrates the responses.

Table II-7. Housing Authority Survey Results Rating Responsiveness of Social Service Agencies.					
<i>Intervention by....</i>	Not at all Helpful 1	2	3	Very Helpful 4	No Experience 0
State agency for mental health services (DMHAS)	57%	31%	9%	3%	56%
State agency for mental retardation services (DMR) *	50%	30%	13%	7%	63%
State Area Agencies on Aging (DSS)	39%	22%	27%	10%	39%
Community-based mental health service agency	41%	39%	14%	6%	39%
Other local social service providers	28%	28%	21%	23%	34%
*DMR records indicate 13 clients live in this type of housing.					
Source: LPR&IC survey of housing authorities, July 2004					

As expected, housing authorities reported the least experience with the Department of Mental Retardation. More than 50 percent of housing authorities reported having no experience with the Department of Mental Health and Addiction Services. Housing authorities have more interaction with Area Agencies on Aging, community-based mental health service agencies, and local social service providers.

Housing authorities having experience with these agencies rated both DMHAS and DMR as generally not helpful. Similar ratings were given to community-based mental health service agencies and area agencies on aging. Overall, local social service providers, typically identified as municipal or town departments, were rated the most evenly.

Program review also solicited the opinions of housing officials, tenants, and resident service coordinators interviewed regarding the availability, effectiveness, and success of support services provided by state and local agencies. The impression of support services across the state was quite diverse. In some areas of the state, support services, specifically mental health services, were viewed in a positive light. However, in other locations support services were seen as poor or unreliable.

A memorandum of understanding between the former Departments of Mental Health and Housing, the Department of Social Services, and the Connecticut Housing Finance Authority was signed in 1994 to foster better collaboration between the various agencies. The agreement was intended to alleviate some of the management problems of mixing elderly and disabled non-elderly populations. Although the agreement was to continue indefinitely, it appears to have been lost or abandoned in the restructuring of state departments and changes in agency administration. When asked by program review during the study, staff at the current agencies were unaware of the agreement. A copy is included in Appendix J.

The issue of collaboration between housing authorities and service providers has been raised on a number of occasions since 1994. In 1997, a legislative working group of members of the Select Committees on Housing and Aging examined the issue of conflicts between elderly and disabled people who reside in elderly/disabled housing. Among the group's recommendations was greater outreach by state agencies, specifically DMHAS. Also in 1997, the program review committee in its study of *Major Publicly Assisted Housing Programs* found the need for additional collaboration and recommended housing authorities tap into existing resources and seek more local effort from mental health and social service agencies in their communities to improve management problems at elderly/disabled housing projects.

Just prior to the program review committee undertaking this study, at a February 19, 2004 public hearing on the issue of mixing populations held jointly by several other legislative committees, the DMHAS commissioner made a commitment to legislators that DMHAS would have its local mental health authorities (LMHAs) contact public housing authorities in their areas and offer to meet with them to assess their needs in senior/disabled housing. In September 2004, DMHAS sent letters to all LMHAs directing them to make contact and develop a plan for an ongoing relationship with public housing authorities. Each LMHA was to report back to DMHAS the results of their efforts by November 1, 2004.

DMHAS provided program review with a summary of the LMHA efforts. As of November 21, 2004, most of the LMHAs submitted reports to DMHAS but a few were still outstanding. Contact was made with almost all housing authorities and meetings were held in several instances. According to the LMHA reports, a few housing authorities did not respond or express interest in meeting with them. Several LMHAs reported already having a well-established relationship with the local housing authority while others noted some housing authorities were unaware of the existence of the service providers and eager to make contact. The description of the plans for ongoing relationships were quite varied, from detailed descriptions of efforts such as the use of a crisis team or regularly scheduled meetings to mailing brochures and contact information for future reference.

Making support services available to residents takes concerted efforts by housing authority staff and social service providers. Program review believes connecting housing with outside services can significantly reduce management problems and would be worthwhile for most tenants. One approach already discussed is to use resident coordinators to link up tenants with needed services and monitor the receipt of services.

To be successful, housing authorities and resident service coordinators must be able to access existing resources in the community and receive timely intervention from mental health and social service agencies in their communities when needed. Survey results and interviews with housing officials and staff found that relationships with providers were less than optimal. Prior efforts to encourage collaboration such as the 1994 agreement by various state agencies have waned. **Renewed efforts for collaboration by the current DMHAS administration are a positive step in the right direction that should be continued. Furthermore, other state agencies charged with providing social services to elderly and non-elderly disabled populations such as DMR and DSS should assist housing authorities in identifying and accessing available social services offered through their agencies. Each agency should consider appointing a lead contact person to establish and maintain a regular channel of communication with housing authorities. At a minimum, each agency should develop a plan that details outreach efforts, available services, and crisis intervention. Each agency must report a summary of its collaboration efforts with housing authorities to the legislative committees with cognizance of housing matters no later than October 1, 2005.**

The committee believes better collaboration with local social services will help reduce tension and alleviate some of the management problems. The collaboration will also benefit the social service agencies. Helping a person with needs is much more difficult if the client has no permanent housing. Therefore, it is important for social service and housing providers to work together to maintain a client in housing if possible or, if necessary, to find more appropriate housing.

However, regardless of the availability of resident coordinators or links with community service providers, the use of services is a matter of individual choice. Therefore, the success of service efforts, however sufficient, depends upon an individual's willingness and ability to use them regardless of where he or she resides. The consequences of not addressing behavioral issues affecting other tenants should be made clear.

For some residents with disabilities, it may be difficult for management staff and other residents to distinguish between behaviors caused by mental illness, substance abuse, or organic problems such as head injuries. In addition, some symptoms may be side effects of prescribed medications. At times, behaviors and symptoms may be misunderstood or frightening to other residents. *The stigma and the lack of awareness by some tenants and management staff regarding disability, especially mental health disabilities, may be factors in the perception of problems.*

Some of the elderly residents in state funded housing grew up in a time when having a disability meant being institutionalized. These stereotypes create very real fears for uninformed residents and significant barriers for disabled persons seeking to be accepted in their community. These fears and misperceptions can negatively affect the quality of life in public housing developments. **Therefore, program review recommends DMHAS through its mental health providers should take an active role in training housing authority staff and in helping residents address stereotypes about mental illness through presentations or materials distributed to public housing communities.**

DMHAS providers can have a significant impact on the success of their clients and others in public housing by educating housing management staff and residents about mental illness and substance abuse disorders. Resident education helps prepare elderly residents for living with younger, disabled persons and assures them that management will be responsive to their concerns.

Chapter III: Financial Impact

The possibility of serious financial problems resulting from mixed populations in state elderly/disabled housing was raised by housing authority officials throughout the committee's study in public hearing testimony, during interviews with program review, and in responses to a committee survey. The financial impact of the mixed population policy is related both to the very low incomes of many non-elderly disabled persons and the rent structure required for state elderly/disabled housing projects. The critical lack of affordable and accessible housing in Connecticut also contributes to this problem. This chapter discusses the financial impact concern and sets out committee findings and recommendations in this area.

By law, state elderly/disabled housing projects must cover their operating costs with rent revenues and other project income, such as interest from investments. At the same time, tenants pay a base rent amount, which by law must be the lowest amount the project requires to meet expenses, or a percentage of their income up to 30 percent, whichever is greater. The state provides no operating subsidies for elderly/disabled projects although, as described in more detail below, some local authorities receive state funding for tenant rental assistance. Table III-1 below demonstrates the calculation of tenant rents for state elderly/disabled housing.

Table III-1. Sample State Elderly/Disabled Housing Tenant Rent Calculation		
	Tenant A	Tenant B
Annual Income	\$14,000	\$6,768
Adjusted Income (Allowance for certain un-reimbursed medical expenses)	\$11,000	-
Monthly Income	\$916	\$564
30% of Monthly Income	\$275	\$169
Utility Allowance (For basic utilities not included in rent)	\$45	\$45
Net Rental Charge Based on Income	\$230	\$124
Base Rent	\$130	\$130
Rent Charged Tenant (Greater of net rental charge or base rent)	\$230	\$130
Tenant Rent Subsidy (If available, difference between base rent and 30 percent of tenant monthly income)	-	\$6
Rent Paid by Tenant	\$230	\$124

All state elderly/disabled housing tenants must be low-income (defined as less than 80 percent of area median income), but there are individuals living in projects who are able to afford more than base rent and pay up to 30 percent of their monthly adjusted income. Income from what are known as "excess of base" tenants allows housing authorities to build reserves for long-term expenses and to keep rent increases to a minimum. According to housing authorities, the

highest income tenants tend to be elderly individuals who have pensions, income from investments, or other assets that provide income in addition to social security retirement benefits.¹³

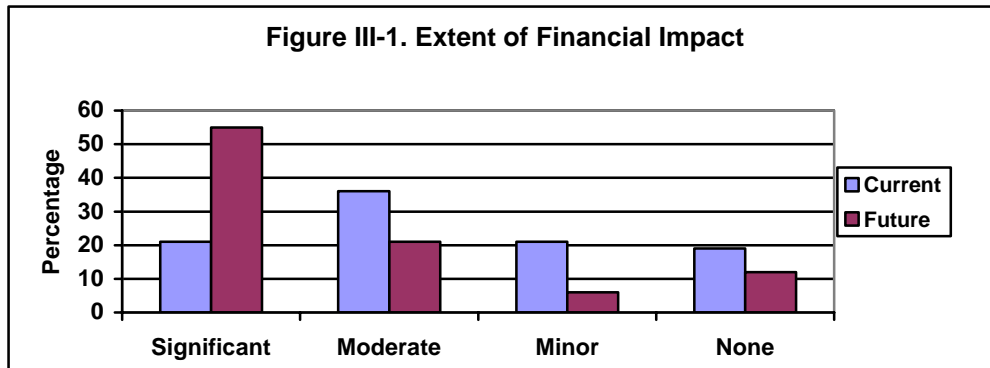
Generally speaking young disabled individuals are unlikely to have any accumulated assets or income sources other than social security disability (SSI) benefits. As a result, non-elderly disabled residents tend to be poorer than their elderly counterparts. Poorer tenants provide less rent revenue to support project costs, are unlikely to produce significant excess of base income, and are more likely to need tenant rental assistance. According to housing authorities, young disabled tenants are also likely to stay in residence longer than elderly tenants, due to their lower ages upon entry and lack of alternative affordable housing.

Many housing authorities believe increasing admissions of younger disabled tenants with incomes limited to SSI benefits will have a significant financial impact on the operations of these developments. Without the excess of base revenues from higher income seniors or some increase in state assistance with escalating operating budgets, housing authorities argue that current operations cannot be sustained without large increases in the base rent. The result, they claim, will be less access for very low-income individuals and the accelerated deterioration of the properties making them unsuitable housing for anyone.

In addition, the elderly turnover rate tends to be higher than that of the younger disabled because of death or progressive need for more intensive assisted living arrangements as they age. Housing authorities warn that as units formerly occupied by elderly tenants become vacant, the growing number of younger individuals with disabilities on wait lists will mean they will occupy greater portions of the projects. Local housing authorities believe the increased occupancy rate coupled with the longer tenure of non-elderly disabled tenants and their growing presence on waiting lists could eventually compromise the financial condition of their state elderly/disabled projects.

Through a survey of all state elderly/disabled project managers, the program review committee asked local housing authorities to rate the extent of this financial problem. (See Appendix A for the complete survey.) As Figure III-1 illustrates, almost 60 percent of the 76 housing authorities that answered the program review survey question about this matter indicated an increasing percentage of very low-income younger disabled tenants will present a *significant* financial problem for their projects over the next five years. Nearly 20 percent reported this is a significant financial problem now.

¹³ Elderly/disabled housing, like other subsidized housing, has income limits but no asset limits. Prospective tenants must list assets on their applications but only income from assets (e.g., interest from a bank account, rent received from property they own) counts toward eligibility.



To better understand the financial impact issue, the program review committee compiled a variety of data related to occupancy and waiting list trends, tenant income, project rents, and the financial condition of state elderly/disabled projects, which are summarized below. An overview of affordable housing needs and options for low-income elderly and disabled persons in the state is included in the next chapter. *Overall, evidence gathered during the committee study supports the concerns housing authority officials have expressed about the financial viability of state elderly/disabled housing projects.*

Occupancy and Wait List Trends

No requirement exists for housing authorities to track the number of non-elderly disabled individuals and elderly persons in their projects or on their wait lists. A number of attempts to collect this information have been tried in the past. The first attempt reported by the University of Connecticut (UConn) in 1996 was at the request of the legislature's Select Committee on Housing. The UConn survey was sent to all local housing authorities with state-assisted housing. Over 50 percent of the 90 housing authorities surveyed responded. Based on the UConn figures, approximately 3,381 units (88%) of the units were occupied by elderly tenants while younger disabled occupied 456 units or 12 percent.

In 2002, the Office of Legislative Research (OLR) was asked to conduct a housing authority survey to determine occupancy rates and wait list information. With a fifty percent response rate, OLR reported non-elderly disabled individuals resided in 518 units or 14 percent of the units. Of the 1,801 applicants on wait lists, 36 percent were non-elderly disabled. Eleven of the housing authorities reported their wait lists were at or over 50 percent non-elderly disabled. OLR also asked housing officials to check their records from five years earlier to determine growth in their non-senior population in state-funded housing. The response showed a tremendous percentage increase; however, the actual numerical increase was not as dramatic. For example, one housing authority experienced a 400 percent increase over the five years because its numbers went from one to five non-elderly individuals.

In the winter of 2003, the Connecticut Chapter of the National Association of Housing and Redevelopment Officials (CONN NAHRO) conducted its own survey of housing authorities administering state-funded elderly/disabled projects. With less than a 40 percent response rate, CONN NAHRO reported non-elderly disabled tenants occupied 806 units or 23 percent. The

CONN NAHRO survey found the number on wait lists had grown to 3,169 applicants, of which 1,665 (53 percent) were non-elderly disabled.

In February 2004, OLR was asked to follow up on the housing authorities that did not respond to CONN NAHRO's survey. OLR received 16 additional responses from the 40 housing authorities that did not complete CONN NAHRO's survey. These responses represented an additional 1,668 units with approximately 158 non-elderly occupants with disabilities. OLR was not able to get more specific data on wait lists or changes over the past five years.

Trend summary. Table III-2 summarizes various surveys including the 2004 data gathered as part of the program review study. *The results indicate growth in the portion of tenants residing in state elderly/disabled projects who are non-elderly disabled persons as well as an increase in the percentage of persons on project waiting lists who are young disabled individuals. However, different collection methods and sample sizes for the occupancy and wait list data examined limit what conclusions can be reached about statewide trends.*

As the table shows, the occupancy information from the 1996, 2002, and 2003 surveys represent only around half of the housing authorities with state elderly/disabled units, while the program review data from 2004 (gathered from the committee survey and CHFA) cover all LHAs with state projects. In general, reported waiting list data are based on smaller proportions of state elderly/disabled housing and no wait list information was collected by the 1996 UConn survey or the OLR January 2004 follow-up survey. Waiting list data, for reasons pointed in earlier in Chapters I and II, should only be considered rough estimates.

Table III-2. Summary of Data Collection Efforts				
	PRI Study Aug. 2004	CONN NARHO Oct. 2003 and OLR follow up Jan. 2004*	OLR 2002*	UConn 1996
OCCUPANCY RATE				
Percent Non-Elderly Disabled Tenants (#)	18% (1,275)	19% (964)	14% (518)	12% (456)
Number LHAs in Sample (% total universe)	95 (100%)	50 (35+15) (52%)	47 (50%)	52 (55%)
Number Units in Sample (% total universe)	7,256 (100%)	5,206 (72%)	3,634 (50%)	3,837 (53%)
WAIT LIST				
Percent Wait List Non-Elderly Disabled Persons (#)	41% (2,305)	47% (1,117)	38% (602)	-
Wait List Total Number	5,606	2,404	1,651	-
Number LHAs in Sample (% total universe)	91 (96%)	35 (37%)	37 (39%)	-
* corrected to remove information from authorities with federal only projects				

Five-year comparisons. The 2002 OLR survey and the 2003 CONN NARHO survey additionally asked housing authorities to provide certain occupancy and waiting list information from five years before as well as current data. In both cases, the authorities reporting comparative information represented about one-third of all LHAs with state elderly/disabled projects. Results, therefore, cannot be reliably generalized statewide.

It is also important to recognize, as OLR points out in its analysis of survey results, that five-year percentage increase and decrease figures reported by individual projects for non-elderly disabled persons in residence and on waiting lists can overstate trends. For example, the 300 percent increase in non-elderly disabled tenants at a 60-unit project represented an actual numerical change of three persons (from one to four). Similarly, a 100 percent decrease reported for a 30-unit project was a drop from one to zero young disabled residents.

From the information gathered through both surveys, it appears the number of young disabled tenants in state elderly/disabled projects has grown in a number of towns over the past few years. The 2002 OLR survey showed the number of non-elderly disabled tenants increased in total about 86 percent over five years, from 160 to 298 for the 36 authorities that provided complete data.¹⁴ While most (24) of these authorities reported growth in the number of young disabled tenants residing in their projects, there were 10 that had experienced no change and two had fewer non-elderly disabled residents over a five-year period.

According to the 2003 CONN NARHO survey, the number of non-elderly disabled residents more than doubled over five years, growing from 345 to 756 (119 percent), for all 34 authorities that provided responses. Over 90 percent (31) of the authorities reported an increase in young disabled tenants in their projects while three had experienced a decrease.

The composition of the projects' residents and waiting lists vary widely among housing authorities. For example, occupancy data gathered for the program review study and presented in Chapter I showed some projects had no non-elderly residents while young disabled tenants occupied 25 percent or more of state elderly/disabled units in 22 towns. Data from small samples of projects, therefore, may not accurately reflect the situation statewide. Occupancy and wait list information from the program review study, since it was collected through consistent methods and covers at least 98 percent of all state elderly/disabled housing units, could be used as baseline data for examining tenant composition trends from 2004 forward.

Tenant Income

The primary source of income for both the elderly and non-elderly disabled tenants of state elderly/disabled housing is from programs administered by the federal Social Security Administration (SSA). One social security program, called social security retirement, provides monthly benefits to workers and their families when the worker retires at age 62 or dies.

¹⁴ The OLR memo presenting the 2002 survey results reported a 231 percent increase in non-elderly disabled tenants over five years (from 160 to 518) for the authorities responding to its survey. However, the total figure for 2002 (518) included data for an authority with only federal units as well for 11 authorities that did not report numbers of non-elderly disabled tenants for five years before. The PRI figures remove the authorities with missing data from the 2002 total unit number and include only state elderly/disabled projects.

Another program, Social Security Disability (SSD), provides monthly benefits to workers when they become disabled at any age. The amount of the worker's retirement or disability benefit is based on the worker's level of earnings in employment or self-employment covered by the Social Security program. According to the Social Security Administration website, retired workers in Connecticut received an average of \$981 per month while disabled workers received \$864.¹⁵ In addition to their Social Security benefits, retired individuals may also receive pensions from their former employers.

In addition to SSD, the Social Security Administration also disburses disability benefits under the Supplemental Security Income (SSI) program. As discussed previously, non-elderly individuals are eligible for state-funded housing if they are certified as totally disabled by the Social Security Administration. Receipt of social security benefits is considered disability verification.

The Social Security Administration defines "disability" as having a physical or mental impairment that prevents substantial work and that lasts, or is expected to last, at least 12 months or result in death. The rules for determining whether someone is disabled are the same under both programs. Both programs define medical disability the same way.¹⁶ However, eligibility for SSD is based on prior work history, while SSI disability payments are made on the basis of financial need. SSD is provided to disabled persons who have earned enough social security credits through their own work records. Conversely, disabled persons receiving SSI have not worked enough to earn the needed social security credits.

Supplemental Security Income is a federal cash assistance program that provides monthly payments to low-income aged, blind, and disabled persons. The program is based on nationally uniform eligibility standards and payment levels. The federal SSI payment is determined by the recipient's countable income, living arrangement, and marital status. A state may supplement the payment levels of all or selected categories of recipients. The state or the Social Security Administration may administer these supplemental payments.

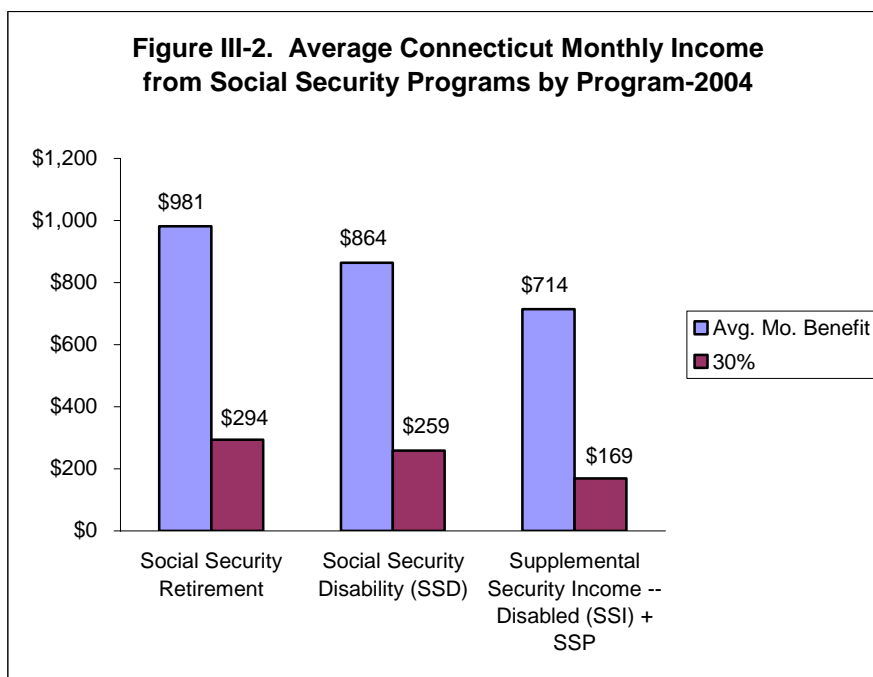
The SSA reports the 2004 SSI payment rate (not including any state supplement) is \$564 for an individual. The average state supplement for individuals living independently in the community in April 2004 was \$150. Due to their disability and financial situation, persons in the SSI group are likely to seek residence in an elderly/disabled state housing project.

On average, disabled persons receiving only social security disability benefits have lower incomes than people over age 62 receiving social security retirement benefits. Figure III-2 shows the average monthly benefits currently paid in Connecticut under the federal social security retirement and disability programs as well as the Supplemental Security Income (SSI) cash assistance program for low-income elderly, blind, and disabled persons. The SSI figure includes the average state supplemental payment (SSP) Connecticut provides for individuals living independently in the community (\$150).

¹⁵ Social Security Administration, <http://www.ssa.gov>, accessed July 28, 2004.

¹⁶ In 1995, federal law eliminated drug addiction and alcoholism as a basis for disability in both SSD and SSI.

Figure III-2 also shows the maximum amount considered affordable for housing costs for each income source, using the standard definition of 30 percent of income spent on shelter and basic utilities. On average, SSI recipients, such as many of the younger disabled tenants in state elderly/disabled housing, can afford to pay \$169 per month for housing or about one-third less than what an elderly person receiving social security retirement can afford (\$294).



To obtain data on actual tenant incomes and rents paid, the program review committee contacted the 44 local housing authorities that anticipated significant future financial problems because of low-income disabled tenants in their survey responses for their most recent monthly rent rolls. Rental payment information was received from 38 authorities. Analysis of the rent roll data found elderly tenants have higher incomes and pay higher rents, on average, than non-elderly disabled tenants. There were three authorities, however, in which the average rent payments from younger disabled residents were slightly above the average monthly rent paid by a tenant age 62 or older.

Overall, the monthly rent payments for tenants age 62 and over at state elderly/disabled projects ranged from \$172 to \$292, with a median of \$239. For young disabled tenants, the median was \$180 with average monthly rent payments ranging from \$99 to \$251. The median difference between the average monthly rents paid by each group was almost \$60.

An example provided by a member of the Hamden Housing Authority board of directors in public hearing testimony to the program review committee (September 30, 2004) illustrated the impact of low-income tenants on the finances of a state elderly/disabled project. According to the board member, residents age 62 and over paid an average monthly rent of \$247 while the average monthly rent of young disabled tenants was \$192, a difference of about \$55. Over a

year, this gap accounts for nearly a \$39,000 difference in rental income since non-elderly disabled tenants occupy about one-third of the Hamden authority's 190 state housing units.

The analysis of actual rent payments shows both groups served by state elderly/disabled housing projects have limited incomes but younger disabled tenants as a group are poorer and provide housing authorities with less rent revenue. Using the median monthly rent payments from the analysis to estimate annual tenant incomes, it appears as many as half of elderly residents in the sample of 38 housing authorities have incomes at or under \$9,560; annual incomes of a similar proportion of young disabled tenants are at or below \$7,200.

From the waiting list data for state elderly/disabled housing projects compiled by program review, it seems likely young disabled tenants will become an increasingly larger portion of the residents of state elderly/disabled housing projects. As of August 2004, non-elderly people with disabilities occupied 18 percent of the more than 7,200 state elderly/disabled housing units statewide and accounted for 41 percent of the more than 5,600 total wait list applicants. In 22 communities, non-elderly people with disabilities made up more than half and up to 95 percent of local waiting lists for state elderly/disabled housing. In 12 of these cases, young disabled tenants already occupy at least 25 percent and up to 52 percent of the local authority's state elderly/disabled units.

Despite the many limitations of waiting list information (i.e., inconsistent policies about developing and maintaining lists among local housing authorities and duplication of applicants across lists), it is clear demand for state elderly/disabled housing is strong among low-income young disabled persons. As the discussion of housing options in Chapter IV will point out, affordable alternatives to state elderly/disabled housing also are very limited, especially for poor non-elderly persons with physical disabilities who need accessible units.

Given these circumstances, the committee believes the numbers of non-elderly disabled tenants can be expected to rise over time and rent revenues in many projects can be expected to drop. Unless housing authorities can reduce operating expenses, which include some costs that are difficult to control (e.g., utilities, insurance), and/or increase revenues from other sources, base rent increases will be required. Higher base rents without parallel increases in tenant rental assistance will become unaffordable to many members of the low-income population the state projects are intended to serve.

Another possibility for addressing declining rental income and maintaining affordable rent levels in state elderly/disabled housing is for the state to provide operating subsidies like those found in federal housing projects. However, many believe tenant rent subsidies are preferable to operating subsidies, which can provide a disincentive to efficient management and close control of operating costs. Under either approach, greater state financial support would be needed to protect the financial viability of state elderly/disabled housing.

One other suggested way to promote financial stability in state elderly/disabled housing is to change the tenant composition. This would require revising eligibility requirements, tenant selection policies, or instituting caps on categories of tenants. Any such approach for addressing

the financial impact of mixing populations raises legal questions, which are discussed in detail in Chapter VI.

Project Rents

Current rent information provided to the committee by CHFA for state elderly/disabled projects is summarized in Table III-3. As the table indicates, base rents for units in the 199 projects vary greatly but are generally among the most affordable housing costs in the state. In half of the projects, monthly base rents, which include some or all utilities, were at or below \$105 for efficiency units and \$130 for one-bedroom apartments.

Table III-3. State Elderly/Disabled Housing Base Rents: 2004		
<i>Monthly Base Rent</i>	<i>Efficiency Unit</i>	<i>One-Bedroom Unit</i>
Range	\$40 -\$590	\$48-\$644
Median	\$105	\$130

In the majority of cases, rents for both types of units are at affordable levels for the average tenant; that is, project base rents are at or below 30 percent of the average monthly incomes of SSI recipients (\$169) as well as of elderly persons receiving social security retirement (\$294). Base rents for efficiencies are less than \$169 at 78 percent of the state elderly/disabled projects and under that amount for one-bedroom units at 66 percent of the projects. Efficiency unit and one-bedroom base rents are below \$294 at 91 percent and 85 percent, respectively, of the state elderly/disabled projects.

It is important to note that only some state elderly/disabled projects include all utilities in their rents; tenant housing costs are higher than base rents in cases where heat, hot water, and/or electricity are extra. Utility allowances for tenants of elderly/disabled housing projects typically are between \$30 to \$50.

Several factors contribute to the variation in project rent structures, including the types of utilities and services included in rental charges, as well as the age of the project, how it was financed, and its financial condition (e.g., rental revenues versus operating expenses). For example, the oldest state elderly/disabled projects that have minimal capital costs often have the lowest rents. In contrast, highest rents tend to be found in newer projects built in the most expensive areas of the state.

Base rents needed to cover operating costs are so high in some state projects that federal Section 8 housing assistance is being used by housing authorities to make the units affordable to low-income elderly and disabled persons. In all but one case, the highest project base rents, over \$500 for one-bedroom apartments in seven projects and over \$400 for efficiencies in nine projects, are subsidized by Section 8 funding. This information underscores how valuable the state elderly/disabled projects, whose very low rent structures cannot be duplicated in today's market without deep subsidies, are to the state's supply of affordable housing.

Low project rents are often the result of low original development costs as well as local housing authority efforts to minimize operating costs. Further, some boards of directors have made decisions to use budget reserves or other revenues to offset operating expenses to make units as affordable as possible to their tenant pool.

While for over two-thirds of the projects the percentage of income requirement for tenant rent is set at 30 percent, the maximum allowed by statute, there are 68 projects below that level. At one authority with five state elderly/disabled projects, the required percentage is only 19 percent and percent-of-income requirements range from 22 to 29 percent for the other projects below the 30 percent standard. It is interesting to note almost one-third (14) of the authorities that said in their committee survey responses they anticipate significant financial problems over the next five years have percentage of income rent requirements under 30 percent and as low as 19 percent.

With sufficient excess of base rents and other sources of revenue, it is possible to keep base rents at levels that do not cover operating costs; however, a change in tenant composition, declining investment income, or unanticipated large expenses could necessitate big rent increases in a short time period. Given the trends in tenant incomes, rising operating costs, and capital improvement needs, local authorities may need to reconsider their rent structures to ensure long-term financial stability. These trends are among the matters CHFA is analyzing as part of its review of project financial conditions, discussed later in this chapter.

Rent subsidies. The Elderly Rental Assistance Program (elderly RAP), administered by the state's Department of Economic and Community Development, provides rental assistance for residents of state-funded elderly housing projects. Participants must spend more than 30 percent of their income on rent and utilities in order to qualify. The amount of assistance is the difference between 30 percent of the individual's adjusted gross income, minus a utility allowance, and the base rent. Housing authorities that operate state-assisted housing determine which of their tenants are eligible based on annual certifications of tenants' income.

In FY 04, DECD provided approximately \$1 million in elderly RAP subsidies to 1,238 units, which represents 17 percent of all state-funded elderly units and are administered by 41 different housing authorities. A full breakdown of elderly RAP subsidies by town and type of tenant is provided in Appendix K. As Figure III-3 shows, 33 percent of these units (403) were occupied by non-elderly disabled persons while 67 percent (835 units) were occupied by elderly tenants. However, as Figure III-4 shows, the portion of total elderly tenants receiving RAP subsidies is smaller (14%) than the portion of younger disabled who receive this type of rental assistance (32 percent).

Figure III-3. Elderly RAP Subsidies in State Funded Elderly Housing

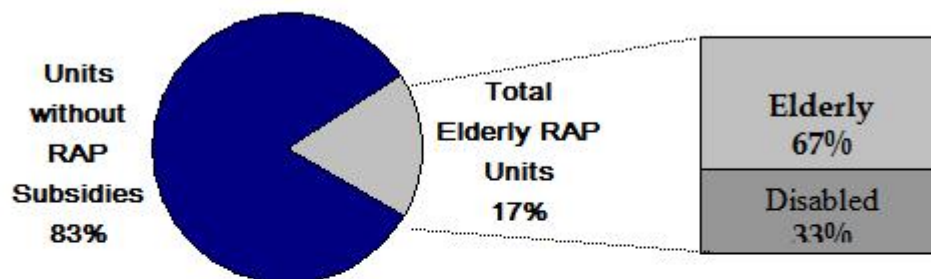
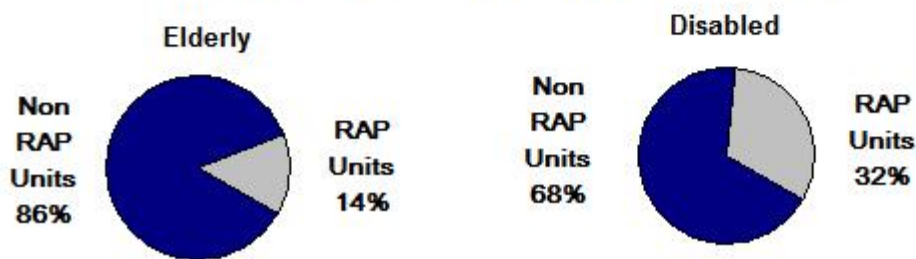


Figure III-4. RAP Subsidy by Tenant Group



Even though state elderly/disabled housing rents are generally well below market rates and among the lowest of publicly assisted housing rents, a substantial number of elderly and disabled residents lack sufficient income to pay project base rents. *The committee found, as a group, younger disabled residents need subsidies to afford project base rents more than the population of elderly tenants.* Almost one-third of units occupied by non-elderly disabled tenants received elderly RAP subsidies while 14 percent of units with residents age 62 or over received this rental assistance.

The committee analysis of tenant incomes and rent payments described earlier in this chapter also reviewed information about rent subsidies. Almost 60 percent (22) of the 38 local authorities that provided rent roll data received state elderly RAP funding. In some, just a few tenants needed help to pay base rents but for the majority (16 of the 22), over a quarter of the project residents received a subsidy. At three authorities, over 70 percent of the state elderly/disabled housing projects were subsidized under the state elderly RAP program.

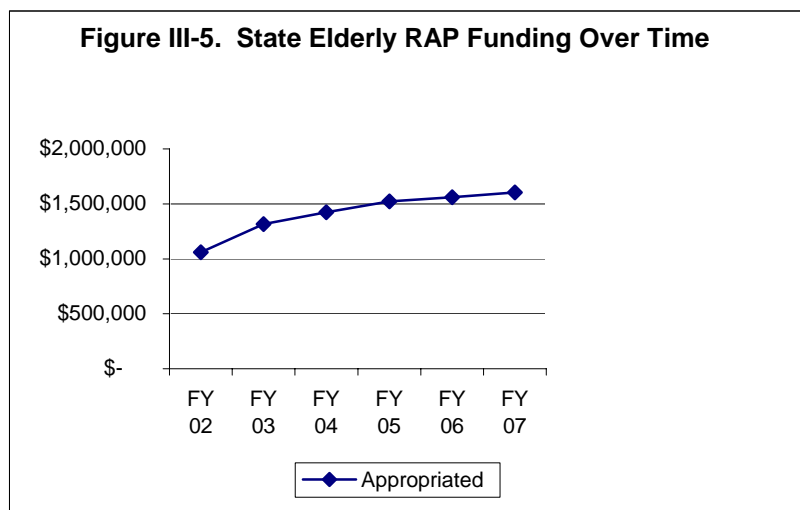
Tenant rent subsidies on average ranged from just a few dollars to nearly all of the entire monthly base rent charge. In one case, a tenant's adjusted income was so low, the entire rent was paid with state elderly rental assistance. Elderly RAP was provided to both populations of tenants in the 22 projects, but at most authorities (15), a higher portion of young tenants with disabilities received the subsidy on average than tenants age 62 or over.

Clearly, the populations served by state elderly/disabled housing have very low incomes and include many individuals with high needs for financial subsidies. *To date, there has been no comprehensive assessment of current or future needs for tenant rental assistance or other types of financial support required for the state's portfolio of elderly/disabled housing projects.* This information is critical to determining the best ways to keep rents affordable to the state's poorest individuals and, at the same time, maintain financially viable housing projects.

Program review recommends DECD and CHFA jointly conduct a comprehensive assessment of current and future needs for rental assistance or other types of financial support for the state's elderly/disabled housing portfolio each year. The results of the first such analysis should be presented to the legislature's committees of cognizance over housing matters no later than October 1, 2005.

The amount of elderly RAP funding needed to achieve the goals of affordability and financial viability is not known. Assistance provided under the state elderly RAP program has been limited to those housing authorities that requested and were found eligible for rent subsidy funding when the program was initiated. According to DECD, the program has not been expanded to any new authorities although additional appropriations have been requested and obtained when necessary to cover approved rent increases at already funded projects.

Figure III-5 shows trends in the state elderly RAP funding since FY 02. With a total budget of less than \$2 million, it has been a relatively small program although appropriations increased by about 44 percent between FY 02 and FY 05. Funding increases for the upcoming biennium (FY 06 – FY 07) are projected at a rate of less than three percent per year in accordance with budget instructions from the Office of Policy and Management.



What funding level will be adequate to meet needs for tenant rent subsidies is uncertain. With the transfer of the DECD state housing portfolio including elderly/disabled projects to CHFA, that agency now conducts budget reviews and approves rent increases. DECD no longer receives tenant rent rolls or other financial information from the elderly/disabled projects although it remains responsible for administering the elderly RAP program. Split jurisdiction

complicates efforts by both agencies to monitor and plan for low-income housing needs. The recommended joint assessment should help answer questions about future needs as well promote coordination between the two agencies.

Financial Conditions

As discussed in Chapter I, responsibility for overseeing the state's entire portfolio of existing subsidized housing, which includes state elderly/disabled housing projects, was transferred to CHFA from DECD in 2003. In its new management role, CHFA is now responsible for reviewing and approving the rent schedules and budgets of all state elderly/disabled housing projects.

Rents for state elderly/disabled projects vary widely depending several factors including:

- the project's financial condition;
- how and when the project received state funding (e.g., projects financed with grants and early projects that received the lowest interest loans generally have the lowest capital costs); and
- the types of services included in the monthly rental charge, which can range from water only to all utilities.

A project's rent structure will also be impacted by the amount of tenant rental assistance it receives, if any, under the state's Elderly RAP program. In addition, about a dozen state elderly projects receive federal Section 8 housing assistance funding that subsidizes their rents.

CHFA completed the annual budget review process for all state elderly/disabled housing projects as well as its initial examination of the financial condition of each one in the fall of 2004. *Preliminary results from the authority's financial reviews show increasing operating expenses, lower tenant rent revenues, and significant capital improvement needs among the 199 state elderly/disabled housing projects.*

Based on its budget reviews, CHFA approved rent increases for about one-quarter of the 199 projects for the upcoming year. The increases ranged from \$5 per month for an efficiency unit to \$50 per month for a one-bedroom apartment. The most common rent increase was \$20 per month and in all but six cases, the increase was at least \$20.

The CHFA financial review also showed at least two-thirds of the state elderly/disabled projects identified repair, rehabilitation, and revitalization work needed over the next five years and total costs would be about \$50 million. The median cost of needed capital improvements was almost \$210,000 and ranged by project from about \$78,000 to \$7.6 million. (The largest capital project would be a major revitalization effort involving the proposed addition of 30 units.) CHFA staff are now reviewing the identified work to determine priorities and possible approaches for funding the capital improvements, including how much to finance with local housing authority reserves.

Under the current division of authority for state housing, CHFA is responsible for asset management and budget review. DECD is in control of the state elderly RAP as well as some potential resources for capital improvements. *At this time, there are no formal requirements or procedures for coordinating financial reviews and decisions or sharing information.*

Ensuring financial stability and affordable rents requires coordination of the housing finance authority's action on rent increase requests and the state agency's allocation of tenant rent subsidy funds. According to all parties involved, the process went smoothly, with CHFA and DECD working together on an informal basis. The joint assessment of financial assistance needs recommended earlier will require both agencies to share information and should promote more formal coordination of their financial decisions.

In the coming months, CHFA staff will continue examining project finances and rent structures in depth. The authority converted seven durational positions to permanent ones, hired two new staff, and created a financial oversight position to undertake asset management duties for the whole state portfolio transferred from DECD, including the state elderly/disabled projects. Their duties include making site visits to all properties to assess capital and operating needs, examine project finances, and analyze cost and revenue trends.

CHFA has already begun to study state elderly/disabled housing base rents to better understand their relationship to project finances. As noted above, rental increases in state elderly/disabled projects will need to be accompanied with additional elderly RAP program subsidies. Once the housing finance authority's analysis of current base rents and trends in project costs and revenues is completed, it will be easier to project the level of rent subsidy funding required in the future.

Public hearing testimony provided to the committee by the executive director of the Norwich housing authority confirms the importance of completing this task as soon as possible. To meet steadily rising operating costs and declining rent revenues at its elderly/disabled projects, the Norwich authority requested and received approval for a \$45 per month increase in base rents (currently \$130 to \$145 depending on unit type) effective January 1, 2005.

The Norwich director was able to secure additional elderly RAP funding to cover the higher rents during 2005, but the state, through DECD, has made no commitments regarding future funding levels for tenant rent subsidies. The authority staff expect another \$45 rent increase will be needed for the following year, due primarily to the fact more project tenants are very low-income young disabled persons and fewer elderly tenants have incomes above \$10,000. If current trends continue, monthly rents could reach \$400 in five years. Without corresponding increases in rent subsidies, it is not clear how the authority's large number of very poor tenants of any age will afford the higher rents.

Chapter IV: Other Considerations

Both groups currently served by state elderly/disabled housing are among the people most in need of affordable and accessible housing. As discussed in previous chapters, low-income elderly and disabled persons need deeply subsidized housing; many also require units that are barrier free or have accessible features (e.g., bathroom grab bars, wide doorways and halls, wiring to accommodate special lights for the hearing impaired). *All information reviewed by program review shows affordable housing is in short supply in Connecticut. Overall, housing options for very low-income individuals, particularly those needing accessible units, are lacking.*

The committee examined a number of recent plans and reports to identify both: current and future housing needs of low-income elderly and disabled people; and the existing supply of affordable and accessible rental units. In addition to the state housing plan, the state plan on aging, a variety of state and federal assisted housing inventories, several new studies of affordable housing needs, and population and income data from the U.S. Census and the Social Security Administration were reviewed. While much of the existing information on affordable housing needs and options is incomplete, the committee was able to develop some indicators of demand and supply, which are described in this chapter.

Affordable Housing Needs

In accordance with federal requirements, DECD prepares the state's consolidated housing plan and updates it every five years. The latest plan, which covers 2005-2010, discusses the housing needs of many groups in Connecticut including elderly and disabled persons. In regard to the housing needs of senior citizens, the plan notes the "...state's elderly population is tremendously diverse in its housing preferences, financial characteristics, and health status..." and living arrangements, therefore, must take a variety of forms.¹⁷ The plan describes that elderly renters, many of whom are on fixed incomes, find it difficult to keep pace with escalating rental rates but does not otherwise discuss housing issues faced by low-income seniors.

The draft state plan also points out "... people with disabilities are in the midst of an increasingly acute affordable housing crisis..." although needs and existing options are not quantified.¹⁸ *According to the plan, there is not a single town in Connecticut where a person receiving SSI benefits, including the state supplement, can meet the federal criteria for affordable housing and only pay 30 percent of his or her monthly income for rent.*

A recent national affordable housing study, *Priced Out in 2002*, made a similar finding, noting persons with disabilities, overall, are the poorest in the country, with SSI benefits equivalent to 18.8 percent of the national median income for a one-person household.¹⁹ The study included state-by-state analyses and showed SSI recipients in Connecticut would have needed to spend 97.8 percent of their SSI benefits to rent a one-bedroom housing unit in 2002.

¹⁷ Department of Economic and Community Development, *State of Connecticut 2005-2010 Consolidated Plan for Housing and Community Development*, November 2004 (p. 90).

¹⁸ *Ibid* (p. 91).

¹⁹ *Priced Out in 2002*, Technical Assistance Collaborative, Inc. & Consortium for Citizens with Disabilities Housing Taskforce, May 2003

Another national report on housing affordability, *Out of Reach 2003*, found unsubsidized rents in Connecticut exceed what poor disabled persons are able to pay.²⁰ According to the study, the disabled in Connecticut receiving just SSI benefits (\$552 per month) can afford a monthly rent of not more than \$166 while the statewide fair market rent (FMR) is \$752.²¹

Table IV-1 summarizes information from the *Out of Reach* report about fair market rents and the incomes needed to afford them in each area of Connecticut. The table provides further evidence of the need for deep rental subsidies to make private market rental housing affordable to very low-income persons, whether disabled or elderly.

Table IV-1. Connecticut Fair Market Rents 2003				
Location	FMR by Number of Bedrooms		Income Needed to Afford FMR	
	Zero	One	Zero	One
Connecticut	\$607	\$752	\$24,295	\$30,088
Bridgeport, CT	\$575	\$748	\$23,000	\$29,920
Danbury, CT	\$725	\$867	\$29,000	\$34,680
Hartford, CT	\$519	\$647	\$20,760	\$25,880
New Haven-Meriden, CT	\$620	\$761	\$24,800	\$30,440
New London-Norwich, CT	\$541	\$654	\$21,640	\$26,160
Stamford-Norwalk, CT	\$1,046	\$1,225	\$41,840	\$49,000
Waterbury, CT	\$526	\$711	\$21,040	\$28,440
Worcester, MA-CT	\$549	\$663	\$21,960	\$26,520
Hartford (nonmetro portion)	\$399	\$644	\$15,960	\$25,760
Litchfield (nonmetro portion)	\$463	\$631	\$18,520	\$25,240
Middlesex (nonmetro portion)	\$686	\$777	\$27,440	\$31,080
New London (nonmetro portion)	\$581	\$712	\$23,240	\$28,480
Tolland (nonmetro portion)	\$399	\$644	\$15,960	\$25,760
Windham (nonmetro portion)	\$459	\$561	\$18,360	\$22,440
Source: Out of Reach 2003: America's Housing Wage Climbs, National Low Income Housing Coalition, 2003 (retrieved October 7, 2004, from http://www.nlihc.org)				

The extent of Connecticut's affordable housing crisis and its relationship to homelessness in the state was highlighted in a study released by Infoline in the spring of 2004²². Infoline is the nonprofit agency that operates the state's integrated human service referral system. According to the Infoline report, over the past five years the number of housing-related requests handled by its specialists increased by 120 percent, compared with the 53 percent overall increase in requests. During the same period, the number of calls Infoline received from homeless individuals increased 357 percent, from 3,662 in 1999 to 16,566 in 2003. The tremendous increase in

²⁰ *Out of Reach 2003: America's Housing Wage Climbs*, National Low Income Housing Coalition, 2003 (retrieved October 7, 2004, from <http://www.nlihc.org>)

²¹ Fair market rents, calculated annually by HUD for housing markets throughout the country, are used to set payment standards for various federal housing assistance programs. FMRs are estimates of the gross rents (shelter plus basic utility costs) paid for standard quality rental housing and are based on actual rents paid by households in a housing area.

²² *Housing and Homelessness in Connecticut*, 2-1-1 Infoline, Spring 2004

requests for help with housing problems is another indicator of a severe lack of housing options for the very poor.

Data included in the state housing plan further indicate many homeless individuals are younger adults and persons with disabilities with little or no income. The plan states an estimated 3,000 to 5,000 persons are homeless in Connecticut on any given night, with almost three-quarters (71.4%) being single adults. Approximately 15 percent of this group report SSI as their source of income while nearly 52 percent report having no income at all.

Population trends. The housing crisis described in the materials reviewed by the committee will not be resolved soon. *Population trends indicate the current need for subsidized housing by both low-income elderly and disabled persons will continue and probably grow.*

The elderly Connecticut population has remained relatively steady according to 1990 and 2000 U.S. Census data and the percent of elderly poor has also remained steady during that period at approximately seven percent. However, the older population is expected to increase most rapidly between 2010 and 2030, when the baby boom generation reaches age 65. Even if the portion of elderly persons who are at or below the poverty level (\$8,825 annual income in 2003) remains low, there will be a much larger number of older adults seeking deeply subsidized housing (of which some may also be disabled).

Data from the Social Security Administration show an approximately 1.4 percent annual growth in non-elderly disabled Connecticut residents receiving SSI. In relation to a projected overall growth rate in the total Connecticut population of approximately 2.28 percent from 2000 to 2003, the non-elderly disabled population in Connecticut grew almost twice as fast, at approximately 4.31 percent.

State elderly/disabled housing is and will continue to be a critical resource for very low-income individuals. *Given current trends, however, it appears low-income persons age 62 or older will have less access to state elderly/disabled housing over time and elderly persons who are not disabled may eventually be displaced in some projects. Increasing numbers of young disabled applicants and residents, combined with lower turnover rates, means fewer units will be available over time for any new tenants.*

The analysis of project waiting lists presented in Chapter III showed young disabled persons make up 41 percent of applicants statewide and comprise the majority (50 percent or more) of persons on wait lists in at least 19 towns. Non-elderly disabled tenants occupy 18 percent of all state elderly/disabled housing at present and comprise larger portions of units, up to 83 percent, at projects in at least 32 municipalities. Occupancy rates over time have not been tracked but housing authorities reported in interviews and public hearing testimony that numbers of younger disabled tenants in their elderly/disabled housing projects are growing.

According to local authorities, once in residence, non-elderly disabled persons will have a longer tenure than elderly residents due to their younger age upon entry. They tend to stay in these projects in large part because there are few affordable alternatives, particularly if they require accessible housing. Program review tried to quantify tenant tenure and resident age

ranges but found these data are not maintained by housing project managers or required by state or federal housing agencies.

At the committee's request, CHFA collected information on length of time in residence for current elderly and young disabled tenants in state elderly/disabled housing projects and, as a proxy for turnover rate, the numbers of tenant move-outs by group over the past five years. The data gathered from 199 local housing authorities, summarized in Table IV-2, are inconclusive.

Table IV-2. Turnover and Tenure Among the Tenants in State Elderly/Disabled Housing (November 2004)		
	<i>Elderly</i>	<i>Non-Elderly</i>
Average Move Outs in Last 5 Years (Relocation, Death, Eviction) Per Project	18.9 (n= 158 projects)	3.2 (n=144 projects)
Average Years Occupancy Per Project (n=173 projects)	7.4	4.6

The table shows, on average, elderly tenants had been in residence more than seven years while the average tenure of younger disabled tenants was under five years. The shorter average tenure of non-elderly disabled tenants could be because as a group they moved in more recently. A better analysis of tenure would calculate the time between move-in and move-out dates, but that information is not readily available.

The information gathered on numbers of move-outs indicates turnover rates are substantially higher for those age 62 and over than for non-elderly disabled tenants. On average, nearly 19 elderly tenants moved out over the past five years compared with just over 3 young disabled tenants. In most state elderly/disabled projects, the majority of tenants are over age 62 so higher numbers of elderly move-outs would be expected. Again, it is difficult to use this information to assess trends in tenure without data on move-in dates as the Hamden Housing Authority did in public hearing testimony to the committee in September 2004. Hamden reported that in the last five years approximately 30 percent of the new residents of its state elderly/disabled housing projects were young disabled persons while the same category made up only 12 percent of those moving out. Hamden's experience, of course, may not be representative of all housing authorities.

Examination of tenant tenure trends is also complicated by a lack of information on the age of current residents. Neither housing authorities nor state housing agencies regularly collect tenant age data. The committee reviewed tenant age information that was received as part of the rent payment analysis discussed in Chapter III. For all 12 local housing authorities that provided age data, the ages of non-elderly disabled tenants ranged from 20 to 61; the majority were middle-aged, with most being in their 40s and 50s. While only representing a small sample of projects, this analysis corresponds to tenant profiles described by local housing authorities in interviews and public hearing testimony.

The overall lack of tenant profile information for state elderly/disabled housing impedes effective planning. As the above discussion shows, it is almost impossible to assess trends that have a critical impact on a project's financial viability without knowing tenant ages, tenant tenure, and long-term needs for rental assistance.

Affordable Housing Supply

Program review tried to assess the total supply of affordable rental units for low- income elderly and disabled persons as well as indicators of demand for this housing, such as occupancy rates and waiting list statistics. Only partial information on some of the major types of housing options could be developed within the timeframe of this study.

There are a variety of sources of information on affordable housing. These include on-line inventories of certain types of HUD assisted apartments for elderly and disabled persons and multifamily rental units financed by CHFA as well as a state funded computerized registry of accessible housing. DECD also compiles listings of all government assisted units (federal and state public housing, subsidized units in projects financed by HUD, the state, or CHFA, and private market units rented with Section 8 and other tenant rental assistance) for the purposes of the state's affordable housing appeal law. However, a comprehensive catalog of government assisted housing in Connecticut that includes household type, assistance program, and funding source for all types of units has not been produced since 1994.

The committee found housing information critical to effective planning, policy development, and resource allocation is not collected in a single, complete source. Existing inventories contain little, if any, information on rents, subsidies, accessible features, occupancy, vacancies, or waiting lists; they generally are updated only on an annual basis. Neither current housing inventories nor the statutorily mandated accessible housing registry is of much help in matching low-income persons with affordable, accessible housing units.

As required by P.A. 98-263, DECD established a computerized registry that catalogs and tracks accessible housing units throughout Connecticut. The database is required to include the:

- location of each unit, the number of bedrooms, and the rent;
- type of housing and neighborhood in which the unit is located;
- vacancy status of each unit;
- date each occupied unit is expected to become available; and
- features that make the unit accessible or adaptable.

As listing by owners is voluntary, it is uncertain how comprehensive an inventory the registry is. Program review found many but not all state and federal housing projects are included in current listings. While the registry is a free listing service, there is little incentive for owners, public or private, to participate if they have no vacancies and long waiting lists for their accessible units. Without extensive monitoring, there is no easy way to determine what portion of existing public or private sector accessible units are included.

The program review committee found the registry, as currently operated, is not a directory of affordable housing since any accessible unit is included regardless of the rent charged. At best, it is a partial inventory of units accessible primarily to persons with physical disabilities. When last checked by the committee, the registry showed only six vacant accessible units statewide, a fact that underscores the scarcity of accessible rental units at any cost.

At this time, the registry is temporarily suspended since the nonprofit agency contracted to operate it dissolved in late November 2004. DECD, in consultation with the Office of Policy and Management, is considering what approach will be taken to reactivate the registry.

Existing options. Among the affordable housing options the committee identified for the two populations served by state elderly/disabled housing are:

- federal rental housing for the elderly and persons with disabilities, both public housing projects and developments financed by HUD, which encompass an estimated 41,000 publicly assisted units in Connecticut; and
- subsidized rental housing for elderly and disabled persons developed through CHFA financing programs, which total at least 11,500 rental units.

HUD was unable to provide the committee with specific occupancy, vacancy, or wait list information for its federal projects in Connecticut. CHFA was able to supply some initial data for a portion of its elderly and disabled housing projects that indicated high demand for its subsidized units. Even without hard numbers, it is generally acknowledged that both HUD and CHFA projects have very low vacancy rates and very long waiting lists.

It is important to note some developments financed by HUD and CHFA have limited numbers of deeply subsidized units and most rents charged at such projects can be at market rates. Rents before any subsidy for one-bedroom apartments in the CHFA elderly/disabled portfolio, for example, range from about \$650 to almost \$1,500 per month while monthly rents charged for efficiency units ranged from \$530 to over \$1360. Therefore, not all housing included in assisted housing inventories would be affordable to the very low-income populations served by state elderly/disabled housing projects even if they were available.

Some housing authorities in Connecticut also have reserved their federal elderly housing projects for persons age 62 or over through the HUD designation process. At least 2,125 federal housing units in 15 communities are no longer available to new young disabled tenants in accordance with elderly-only designation plans approved by HUD since 1998. As part of the process, local authorities are supposed to provide evidence alternative housing is available to those excluded by designation and authorities may apply for Section 8 vouchers for use by members of such groups (although HUD guidance documents are confusing on this point.)

Program review asked HUD which of the 15 authorities requested vouchers and whether they had received them. HUD staff, after reviewing its designation plan files, reported 13 authorities had indicated they would seek additional vouchers to help young disabled applicants on waiting lists and non-elderly disabled tenants voluntarily relocate; it was not known whether applications were made or additional vouchers were received.

Rental subsidy programs for private market housing, such as federal Section 8 housing choice vouchers and the state's rental assistance program (RAP) are another major source of affordable housing options for low-income persons and some are targeted to elderly and disabled individuals. Rent subsidies usually make up the difference between a fair market rent amount and 30 percent of the recipient's income.

Information about two major rent subsidy programs is summarized in Table IV-3. The table shows the two programs provide deep subsidies (about \$700 and over \$600, respectively) to more than 7,000 individuals. More young disabled than elderly renters receive subsidies, although by far the largest group of recipients is low-income families. Waiting lists are closed for both programs and not expected to open for a year or more.

There are approximately 34,000 federal Section 8 housing choice vouchers in total in Connecticut; detailed information on their use is available only for the small portion administered by the Department of Social Services (5,602 or about 16 percent) shown in the table. Most Section 8 vouchers are allocated to local housing authorities and program data such as utilization rates and waiting lists are not centrally collected. According to HUD and DSS, however, demand for all rent subsidies is very high throughout the state and waiting lists for Section 8 are closed at most, if not all, housing authorities.

Table IV-3. Major Tenant Rent Subsidy Programs in Connecticut: 2004		
	<i>DSS Section 8 Vouchers</i>	<i>State RAP</i>
Funding Level (Annual)	\$49.2 million	\$12.3 million
Average Monthly Rent Subsidy	\$706	\$630
Total No. Subsidies	5,602	1,537
No. Elderly Subsidies (Includes elderly disabled)	270 (5%)	63 (4%)
No. Disabled Subsidies	898 (16%)	291 (19%)
Waiting List	Approx. 3,600 /closed	Closed
No. Elderly	252 (7%)	-
No. Disabled	1,064 (30%)	-

As mentioned earlier, federal Section 8 vouchers are sometimes targeted to meet the needs of certain groups. Among the vouchers DSS administers, 250 are set aside for one federal program that provides mainstream housing opportunities for persons with disabilities and another program that helps nursing homes residents transition to private rental units in the community. The department also supplies 200 Section 8 rental subsidies that are being used by certain DMHAS supportive housing projects, which are described below. DSS additionally applied for and received 200 Section 8 housing choice vouchers to be targeted for non-elderly disabled persons who were on waiting lists for federal elderly housing projects designated elderly-only. All DSS targeted Section 8 housing choice vouchers are being used at present.

Specific state agency client programs. Both the Departments of Mental Retardation and Mental Health and Addiction Services administer housing assistance programs for persons with disabilities that are restricted to their client populations. These include rent subsidies for

private market housing as well as subsidized housing projects or units that include support services. Each DMR and DMHAS housing program is briefly described in Table IV-4.

As the table indicates, in total, the mental health department housing programs provide rental assistance to nearly 900 clients. In addition, there are about 1,600 supportive housing units completed or in development throughout the state for persons with disabilities who are facing homelessness. The Department of Mental Retardation provides housing subsidies to around 800 of its clients for independent living arrangements in the community.

It is important to point out that the housing programs included in Table IV-4 are available just to clients of DMHAS or DMR. Disabled persons not eligible for these programs have fewer housing options and must compete for federal and state elderly/disabled housing units or private market rent subsidies. Based on the listings included in the state accessible housing registry, it appears low-income persons with physical handicaps or disabilities that require special accommodations have few options in the private market, even if they are provided a rent subsidy.

Subsidized rental unit information compiled by the program review committee shows housing options targeted for very low-income elderly and disabled persons are limited both in number and availability. Although there are thousands of assisted units in federal public housing projects and developments financed by HUD and CHFA programs, generally few are vacant and waiting lists are long. Demand for tenant rental assistance for private market units, such as federal housing choice vouchers and the state rental assistance program, also far exceeds supply.

Supportive housing initiatives and other DMHAS residential programs are increasing affordable housing options for low-income persons with mental illness and substance addiction disabilities. However, the amount of current and planned supportive housing units only begin to address the needs of this population. A rough estimate prepared by DMHAS at the request of the committee indicates at least half of the clients served by the agency (which is over 30,000 individuals), given their living situations (no permanent housing) and extremely low-income levels (i.e., 0 to 30 percent of area median), need financial assistance with housing costs and other supports.

All of the information reviewed by the program review committee shows the need for affordable housing far exceeds the supply available for all low-income groups. The lack of affordable and accessible rental units is an overarching issue contributing to the problems of mixing populations in state elderly/disabled housing. The shortage of housing options is exacerbated by mismatches between available resources and resident needs. For example, affordable fully accessible rental units are not necessarily occupied by low-income persons with mobility disabilities. Without a comprehensive inventory to assist those seeking housing and to promote better planning, inefficient use of the limited amount of affordable housing will continue.

Table IV-4. Overview of DMHAS and DMR Housing Programs

DMHAS Residential Services

Shelter Plus Care

Federal (HUD) rental assistance program for disabled persons who are homeless and targeted to those who have a serious mental illness, are dually diagnosed, have a substance abuse disorder, or AIDS. HUD provides shelter funds that communities must match one-to-one with a continuum of services (outreach, mental health, medical, substance abuse treatment, case management, etc.).

- Approximately 650 persons served per year
- 2004 standard rent payments range from \$463 - \$1,255 0BR; \$631 - \$1,470 1BR
- Waiting lists closed; on average wait 2 years before housed

Bridge Subsidy

State funded temporary rental assistance targeted to persons with a psychiatric disorder while on a waiting list for a permanent state or federal housing subsidy; security deposits may also be provided. On average in 2004, 222 units subsidized per month.

- Average monthly subsidy: \$285 (difference between rental charge and state supplement housing subsidy of \$400); typically receive for several years while on wait list for subsidized housing unit or voucher
- Some wait lists closed, some open; on average wait slightly less than 1 year before housed

Supportive Housing

Public/private collaborative efforts to develop housing with services to meet the needs of persons with disabilities facing homelessness. Combined federal, state, and private funding is used to develop supportive housing opportunities in new and existing units. Program's target population is adults with mental illness or substance addiction who have been persistently homeless, but also serves other low-income individuals and families at risk of homeless.

- Rents typically subsidized (e.g., with federal Section 8 project based assistance) to keep tenant costs to 30 percent of income
- At present, through a 1992 demonstration project and a 2000 public/private initiative (pilots) spearheaded by DMHAS, almost 600 supportive housing units developed and 350 underway. Another 1,000 units to be completed in three to four years now in planning stage under a 2004 supportive housing initiative (Next Step) overseen by an interagency state council; 650 units targeted for adults with mental illness and/or substance addiction who have been persistently homeless
- Reliable utilization and wait list information not available/compiled at this time

DMR Residential Services

Community Based Housing Subsidy

Assists DMR clients acquire and retain personal home in the community.

- On average, support provided to 781 clients per month
- Total FY 05 funding: \$2.98 million

Other Housing

Most DMR residential options are other than independent living and include: supported living and community living arrangements, community training homes, and residential centers.

Based on the findings included in this chapter, the program review committee concludes the state must take action to expand housing opportunities for low-income elderly and disabled individuals by promoting more quality affordable housing for all residents.

As a first step, it is recommended DECD, the state's lead housing agency, develop and maintain a comprehensive inventory of all publicly assisted housing in the state beginning July 1, 2006. At a minimum, the inventory should identify all existing assisted rental units by type and funding source, and include information on tenant eligibility, rents charged, available subsidies, occupancy and vacancy rates, waiting lists, and accessibility features. To assist in the department's efforts in compiling a complete inventory, the program review committee also recommends the statutes be amended to require property owners, both public and private, to report all accessible housing units to the state registry.

The committee recognizes creating such an inventory and making the accessible housing registry mandatory will require some additional resources. A small investment in staff and equipment, however, can produce information critical to effective planning for new housing opportunities and making more efficient use of valuable existing units.

Chapter V: Models and Approaches

This chapter examines the approaches taken on the federal level and in Massachusetts to address several of the issues raised in Chapters II and III. According to the federal Department of Housing and Urban Development (HUD), only three states operate state-funded elderly housing projects (Connecticut, New York, and Massachusetts). Of the three, only Massachusetts has significantly revised its policy approach.

Federal Policy

Under federal law, non-elderly disabled people are entitled to live in elderly public housing built with federal funds. All federally subsidized senior housing complexes must comply with federal and state laws.

Designation plans. In 1992, after years of requiring equal access to federally subsidized units to both elderly individuals and non-elderly persons with disabilities, federal law was enacted to permit housing authorities to designate projects or portions of public housing projects (buildings, floors or units) for occupancy by elderly only or disabled only.²³ According to federal reports, the change was the result of an increase in the number of tenants with disabilities in elderly housing and the resultant complaints.

A housing authority must get HUD approval before it designates HUD public housing units for specific populations. To apply for designation, the housing agency must develop and submit a plan consistent with HUD guidelines. Federal regulation lays out the criteria for the contents of allocation plans and standards used to approve the plans. Housing authorities that do not have approved plans must continue to treat persons with disabilities and the elderly equally on a first come, first serve basis.

The original designation plan is valid for five years. HUD may extend the designation at two-year intervals, if the housing agency submits an updated plan (24 CFR § 945. 203). Below are the elements required for a designated housing plan.

Justification for the designation – Housing authorities must show that the plan supports the housing goals laid out in the state housing plan for the jurisdiction. The submission should include information on vacancies, wait lists, unit turnover, and admissions based on past experience in the projects to be designated.

Project description – The plan must describe all sites to be designated including the type of residents to which the designation will apply, any supportive services to be provided, and how the design and related facilities of the property accommodate the special environmental needs of the intended occupants.

²³ This federal law affects two types of HUD subsidized rental housing: 1) HUD public housing that are elderly/disabled public buildings operated by housing authorities, and 2) privately owned federally assisted housing financed through various HUD housing production programs (i.e. Section 236, Section 211(d)(3), Section 8 New Construction and Substantial Rehabilitation). The two types have different requirements for designation.

Alternative resources – The plan must describe other available resources (existing or proposed) for the residents and any applicants currently on the waiting list affected by the designation. Resources may include: voluntary transfers to other units; use of Section 8 vouchers; application for additional vouchers targeted to the population affected by the designation; or a combination of resources. The plan must also describe the notification process to residents and applicants of available alternative resources once the designation is approved.

Treatment of current residents because of designation – A statement must be included that lease compliant residents will not be evicted or be required to vacate to implement designation. The regulations specify that the choice to live in designated housing is voluntary. Elderly or disabled people cannot be forced to live in designated housing and a decision not to live there cannot be held against them with respect to moving to another project. The housing authority may offer cash incentives or other relocation benefits but may not harass tenants.

HUD reviews the plan's statutory requirements and must notify the housing authority of its decision within 60 days after receiving the plan. If HUD does not make a determination within 60 days, the plan is approved by default. According to HUD, a Connecticut designation plan has never been disapproved.

HUD records through July 2004 indicate a total of 2,125 federal units in 15 Connecticut housing authorities have been designated as elderly only. Table V-1 lists the Connecticut housing authorities that currently have designation plans. As the table shows, all Connecticut designation plans have been for elderly only and include housing authorities of various sizes.

Table V-1. Federal Designation Plans in Connecticut		
Housing Authority	Number of Units Designated Elderly Only	Approval Date*
Danbury	152	9/3/99
Greenwich	150	8/17/00
Manchester	100	8/21/00
Middletown	126	8/6/99
Milford	108	7/16/02
Naugatuck	104	8/14/00
New Haven	322	7/31/00
Norwalk	263	1/12/98
Seymour	80	7/16/02
Stratford	171	7/8/99
Torrington	198	7/19/01
Vernon	136	8/17/00
Waterbury	76	7/16/02
Winchester	79	6/19/01
Windsor Locks	60	8/14/00
TOTAL	2,125	
* This indicates the date of the most recent HUD approval.		

Massachusetts

Like Connecticut, Massachusetts allows non-elderly disabled people to reside in state-funded elderly housing projects. In 1995, Massachusetts adopted legislation, commonly referred to as the "mixed population" law, setting limits on the number of disabled persons allowed in senior housing. According to state officials, the legislature enacted the law to address the tension between the two groups. For several years, there was concern over the growing number of non-elderly disabled residents moving into elderly housing. At the time the legislation was passed, non-elderly persons with disabilities occupied up to 60 percent of the units in some projects.

In addition to restricting admission, the law provided funds for:

- on-site coordinators to help resolve problems and better access services;
- rental subsidies to assist individuals with disabilities afford accessible units in the private market; and
- a statewide registry of accessible units for people seeking housing.

The law also: 1) gave housing authorities access to the state criminal database; 2) eliminated substance abuse as a qualifying disability for admission to elderly housing; and 3) revised the eviction process to enable housing authorities to initiate court proceedings more quickly under certain circumstances.

Percentage cap. The 1995 Massachusetts legislation requires housing authorities to give elderly households priority in 86.5 percent of their units and disabled non-elderly households the remaining 13.5 percent of the units. (Mass. Gen. Laws Ann. Ch. 121B § 39). However, if the authority does not have enough non-elderly disabled applicants to fill this percentage, it can place elderly people in the units. If the authority finds there are insufficient elderly to fulfill the 86.5 percentage, it must give priority to disabled individuals between the ages of 50 and 60. If units are still available, then the authority may offer them to younger non-elderly disabled people.

Within both populations, housing authorities may give a preference to residents of the municipality who are veterans. In addition, housing authorities may give disabled people, regardless of age, preference in handicapped-accessible units. These goals can only be achieved as housing authorities fill vacant units. The law forbids evicting any lawful residents in order to reach these goals.

According to Massachusetts officials, the state settled on these percentages after extensive negotiations between the legislature, the state Department of Housing and Community Development (DHCD), and advocacy groups. Housing officials indicate the percentage caps have slowed what had been a sharply increasing rate of non-elderly admissions and reduced a relatively high percentage of non-elderly disabled tenants in certain projects.

Massachusetts service coordinators. The 1995 act also appropriated \$600,000 to fund service coordinators to help elderly and non-elderly disabled residents resolve conflicts and

obtain social and medical services. State officials report that most of the 22 service coordinators are working in projects where younger disabled people comprise 25 to 30 percent of the residents.

A 2002 study, conducted by the McCormack Institute of Public Affairs at the University of Massachusetts, found the housing service coordinators have reduced tensions in the projects while helping elderly and young disabled residents obtain the services they need. Among its findings, the study reported coordinators allowed housing operators more time to manage their properties and in several instances coordinator intervention prevented problem situations from escalating into evictions.

Massachusetts vouchers. Upon the advice of the state's attorney general, the 1995 legislature also funded \$1.5 million in transitional rental assistance vouchers for disabled people who were eligible to live in elderly housing or who were living in such housing as of March 1, 1995. The act specifically stated that the appropriation did not create an entitlement.

The state's attorney general believed the legislation's set-aside goals could be legally challenged on the grounds that they deny housing for people with disabilities unless the state offered vouchers or other assistance. The law created 800 new rent vouchers. However, disability advocates claim the vouchers are not helpful in certain parts of the state such as Boston where housing market is limited.

Massachusetts registry. Another initiative funded by the 1995 legislation was the creation of a registry listing available subsidized and handicapped accessible units. A nonprofit agency, Citizens' Housing and Planning Association (CHAPA), created the registry prior to 1995 but maintains it with an annual \$100,000 appropriation. The statewide registry contains accessible units in both the public and private market and has a searchable web page. CHAPA has no data on the degree to which the registry has helped young disabled residents move out of elderly housing or reduce the number of younger disabled people on waiting list for this housing.

Massachusetts eviction process. The eviction process was also revised by the 1995 act. Usually, a housing authority must provide a tenant a hearing before it can seek an eviction action in court. However, the 1995 law allows the hearing to be waived if the tenant is believed to have: 1) caused serious physical harm to someone, 2) illegally possessed a firearm, or 3) engaged in criminal activity that seriously threatened the health or safety of other tenants. If an eviction action is brought due to one of the conditions, it also receives expedited treatment in court.

Connecticut provisions similar to Massachusetts. It should be noted Connecticut has adopted provisions similar to the 1995 Massachusetts law. These are: establishment of resident service coordinators (discussed in Chapter II); and the creation of a housing registry (discussed in Chapter III).

Chapter VI: Policy Options

Introduction

In addition to management solutions for the social and financial problems facing state elderly/disabled housing projects, the program review committee examined possible revisions of the state's current policy on mixing populations. Over the years, the legislature has considered a number of proposals to change the tenant composition of the state projects to address concerns about conflicts and safety.

As part of this study, the committee tried to evaluate the social and financial impact, as well as the legal ramifications, of a range of alternative policies for state elderly/disabled housing. Five possible options were identified: Current Policy with Stronger Management Tools; Designation Plan; Percentage Goals; Total Age Restriction; and Partial Age Restriction.

The spectrum of policy options was developed and assessed based on three primary policy goals:

- reduce negative incidents that disrupt the peace, safety, and security of the community living in state elderly/disabled housing;
- protect the financial stability of projects; and
- preserve access to this source of affordable and accessible housing over the long term.

As part of the assessment process, the committee also considered possible legal implications, potential costs associated with implementing an option, and what, if any, immediate impact an option would have on tenant eligibility.

It is assumed the management and planning improvements recommended in previous chapters would be in place and their positive effects would occur under any of the policy options. It is also imperative that, regardless of changes to current state/elderly disabled housing policy, the state make a serious commitment to expand affordable and accessible housing opportunities in the state. From surveys and interviews, the committee believes there would be less demand for units in the state projects from young disabled individuals if they had other choices for decent, safe, and affordable permanent housing.

A description and the advantages and disadvantages of each option are presented below. Table VI-1 summarizes all of the options. No option provides a satisfactory remedy for every concern about state elderly/disabled housing, and which is the "best" alternative depends largely on the priority placed on the various goals. Each option has benefits and drawbacks in terms of addressing social and financial problems. In addition, many of the policy and administrative solutions examined by program review would require more state resources and some could entail significant funding increases. Finally, all options except the current policy may be subject to legal challenges, as explained in greater detail in the following discussion.

Legal Considerations

A threshold question in the debate about whether elderly and non-elderly disabled people should or should not live together in state funded public housing is what, if any, legal restrictions constrain Connecticut policy choices. This question is uncharted for Connecticut and ultimately the courts would likely provide the answer. To assess what might reasonably happen, two different legal fronts need to be considered: federal law and the Connecticut constitution.

Federal law. For the potential impact of federal law on Connecticut actions, program review studied the federal designation plan program enacted in 1992 and the Massachusetts mixed population statute enacted in 1995.

Designation plans. Until 1992, the federal public housing statute governing federal “elderly” housing defined elderly to include disabled persons, similar to Connecticut’s current statute for state funded “elderly” housing. As discussed in Chapter V, in 1992, Congress amended the law by definitionally separating elderly persons from disabled persons, and establishing a program under which public housing authorities could designate projects or parts of projects as elderly only, disabled only, or mixed. Such designations, along with all the accompanying requirements, do not violate pertinent federal anti-discrimination laws (e.g., the federal Fair Housing Act) because Congress may pass laws that appear to conflict with other federal laws because there is a presumption all statutes are intended to be read together. Therefore, since the federal government has established that such a program comports with its other anti-discrimination statutes, it is reasonable to believe Connecticut could adopt an identical strategy without violating those same federal laws. The Massachusetts experience adds support to this notion.

Massachusetts percentage goals. Also described in Chapter V, Massachusetts established a program for its state funded public housing in 1995 that, similar to the federal designation program, allows different treatment of elderly and non-elderly disabled persons. Massachusetts created different “placement priorities,” for elderly persons (up to 86.5 percent of a housing project) and disabled persons (up to 13.5 percent of a housing project). Similar to the federal designation law, no one who was already living in public housing could be evicted solely because of the placement priorities. After nine years in place, the Massachusetts statute has not been challenged on federal law violations.

Connecticut constitution. Unlike the federal government or Massachusetts, though, Connecticut’s constitutional equal protection provision prohibits discrimination against persons with physical or mental disabilities. This provision elevates the legal protections for persons with disabilities in Connecticut beyond that required under federal or Massachusetts law and is therefore perhaps pivotal to what policy changes the state might make. The Connecticut Constitution (Article 21, adopted November 28, 1984, amending Article Fifth) provides:

“No person shall be denied the equal protection of the law nor be subjected to segregation or discrimination in the exercise or enjoyment of his or her civil or political rights because of religion, race, color, ancestry, national origin, sex or physical or mental disability.”

The significance of declaring that people with physical or mental disabilities are protected under the state's equal protection article gives people with those characteristics "protected class status." This means that the highest level of judicial scrutiny will be used by the courts when reviewing the validity of any state action taken that might discriminate against a person based on that status. The Connecticut Supreme Court held in *Daly v. DelPonte* (225 Conn. 499, 624 A.2d 876 (1993)) the 21st Amendment's "protection for those possessing physical and mental disabilities identifies the members of this class as a group especially subject to discrimination and requires the application of the highest standard of review to vindicate their constitutional rights. "[...T]hat standard requires strict scrutiny of the challenged government action." (p. 515).

In equal protection analysis, there are three levels of review used to determine if a state action is a legitimate exercise of state authority or a violation of a person's equal protection rights. Essentially, the levels of review vary based on the nature of the state interest intended to be accomplished by the state action and how that state interest will be furthered by the contested state action. The most stringent review level is termed strict scrutiny, and applies to actions impacting protected classes like race or national origin, and in Connecticut, physical or mental disabilities. Under strict scrutiny, the state must prove the state action: "1) serves a compelling state interest, and 2) is narrowly tailored to serve that interest." Whether an action is narrowly tailored requires there be virtually no other way the state can accomplish its interest.

However, if a protected class is not involved, the level of review used is called rational basis, which is the least stringent level of review. Under this level, the state just needs to show there is a legitimate state interest, and that there is a rational connection between the state action and the interest. Unlike disability, age is not a protected class in the state constitution. *A critical question to be determined is whether state action affecting non-elderly disabled people would be disability-based discrimination or age-based discrimination.*

Disability-based discrimination. Possible state interests in restricting or prohibiting access to non-elderly disabled persons to the state funded public housing they now may live in could be:

- protecting the safety and security of elderly tenants from harm by tenants who are non-elderly and disabled, and
- ensuring that low-income elderly persons have places to live by eliminating the competition for people who are disabled.

It would seem that the safety and housing needs of low-income elderly citizens is a compelling state interest. Strict scrutiny further requires that the state action, i.e., restriction or prohibition of disabled persons, is sufficiently narrowly tailored to serve those compelling state interests.

In terms of the safety interest, a strong argument could be made that any blanket restriction would be much too broad. Such an action would result in the denial of housing to people who do not pose a threat to elderly tenants. Unless it can be proven that all disabled

persons are a danger to elderly tenants, any kind of blanket restriction would appear to be doomed.

The interest in ensuring housing availability for low-income elderly persons would also likely meet a strong argument of discrimination. The state of Connecticut has many other avenues to ensure housing for low-income elderly persons besides prohibiting access to people with disabilities. It is not but for people with disabilities that low-income elderly persons cannot access affordable housing.

Age-based discrimination. Under both the federal designation plan and the Massachusetts law, a person who is elderly and has a disability is considered elderly for designation/prioritizing purposes. It is actually people who do not meet the age defined as elderly who are restricted.

The same situation would occur in Connecticut. If going forward, the definition of elderly was limited to those over 62, people who meet the age requirement but were also disabled would still be able to live in the public housing. It would be people under 62 who would not be able to live there. Since age is not a protected class, there would only have to be a rational relationship between the state action and the state interest in housing and safety. Further, under the state fair housing act, which prohibits discrimination in housing on the basis of familial status and disability, among others, there is an exception to the familial status related to age that allows certain housing to be restricted to just persons over 62.

Courts have held that when there are dual classes implicated by an action, such as this situation involving age and disability, it could be determined that the action is based on a non-protected class status and is valid unless that action is really a “pretext” for discrimination based on the protected class status. It should be noted that the Connecticut statutes providing for elderly-only congregate housing appear to coexist with the constitutional protection against discrimination based on disability.

Conclusion. Regardless of the validity of a state law, challenges may always be filed in court. Thus a caveat in any discussion about legal status, especially in a relatively untested area, is that ultimately a court, considering a set of facts, will make the final decision.

Taking into account federal law, Connecticut’s constitutional provision, and other current unchallenged state statutes, it would seem reasonable that as a legal matter, Connecticut, on a going-forward basis, could treat persons who are elderly and persons who are non-elderly and disabled differently in terms of access to state funded public housing, based on age. However, in any such program:

- non-elderly disabled persons already living in state funded public housing could not be evicted because of their non-elderly status if the state began restricting access to just elderly persons; and
- increased efforts should be made to provide housing alternatives for people affected by any restrictions.

Option 1: Current Program with Management Enhancements

Description. One option is to retain the current system, i.e., continue to include disabled persons under age 62 in the eligibility definition of elderly. The legislature could adopt the management recommendations described earlier and allow the local housing authorities to handle the problems themselves through better screening, stronger lease enforcement, more effective eviction, trained resident service coordinators, further collaboration with social service agencies, and resident education/awareness of disability issues.

Advantages

- Outside of the management recommendation costs, there would be no additional administrative expense to maintain the current system.
- The current program provides both elderly and non-elderly disabled individuals equal access to state elderly/disabled housing.

Disadvantages

- The current system does not address the trend of growing numbers of young disabled tenants who may: a) affect a project's financial viability because of their lower incomes and b) potentially limit access to state elderly/disabled units due to their longer tenure.
- The trend toward an increased presence of younger disabled persons may cause some elderly persons to not seek this type of housing possibly decreasing the excess of base population.
- Assuming the correlation between the number of younger disabled persons and the number of negative incidents is valid then allowing the population to grow unchecked under the current system would produce more management issues that may overwhelm even the ability of more effective management tools to address.
- Housing authority managers generally do not support the current policy. The program review survey found 69 out of the 78 housing authorities responding opposed the policy (88%), with 52 percent of those strongly opposed. Only twelve percent of housing authorities favored continuing the mixed population policy. It would be difficult, if not impossible, to successfully implement this policy if the vast majority of persons responsible for making it work do not favor it.

Option 2: Designation Model

Description. Another alternative is to permit housing authorities to develop plans to designate entire projects or parts of projects (e.g., specific floors) for elderly-only or disabled-only, subject to DECD approval. This model is currently used at certain federal elderly/disabled housing projects based on a 1992 federal law. Following the HUD model, a Connecticut housing authority interested in designation would be required to submit an allocation plan to DECD, indicating how the authority's units would be filled. The plan would be voluntary and no existing lease compliant tenant could be forced to leave his or her unit. The plan must also include the housing authority's strategies to provide alternative housing to individuals willing to relocate from designated areas and applicants no longer eligible to live in a designated area (e.g., Section 8 vouchers).

Advantages

- By some accounts, the designation program has helped reduce management problems at federal projects.
- This option provides a housing authority with the autonomy to manage its own tenant population (subject to DECD approval) and provides tenants with the choice to live among their peers.
- The designation model may somewhat address the financial concerns of the housing projects assuming elderly-only designations occurred.

Disadvantages

- Discussions with groups of residents indicate they do not believe designation would solve their concerns regarding peace and safety. Restricting tenants to reside in a certain portion of a development does not preclude problems in common areas such as stairwells, parking lots, or meeting rooms.
- If all housing authorities choose, as they have for Connecticut federal designation plans, to designate units elderly-only, access for disabled persons could decrease. Housing authorities with designation plans in both federal and state developments would deplete a substantial source of housing for disabled individuals.
- The current housing market, vacancy rates, wait lists, and availability of state financial resources would make it difficult for housing authorities to demonstrate alternative housing options.
- Designation goes against the idea of integration supported by most social service disability advocates. Through segregation, housing developments may begin to seem more like group homes and less like diverse community settings.
- While designation would provide tenants an opportunity to live among their age peers, it could also limit the choices of certain tenants that do not want to. In a number of group discussions, some disabled residents expressed concern

over being sequestered to areas where potentially all the “problem” tenants would be congregated.

- This option will require staff resources to provide guidance to housing authorities in the implementation of the model as well as to develop a monitoring system. It is unclear whether DECD has sufficient staff resources to absorb this responsibility.

Option 3: Percentage Model

Description. A third option is to establish priority percentage goals for each population group in state elderly/disabled housing, an approach adopted by Massachusetts in 1995. Currently, Massachusetts has placement priority goals of 86.5 percent for elderly and 13.5 percent for people with disabilities for each local housing authority.

In Massachusetts, if an authority does not have enough non-elderly disabled applicants to fill the 13.5 percentage, it can place elderly people in the units. If there are insufficient elderly to meet the 86.5 percentage goal, the next priority must be given to disabled individuals between the ages of 50 and 60. If units are still available, then the authority may offer them to younger disabled people. In addition, housing authorities may give disabled people, regardless of age, preference in handicapped-accessible units. These goals can only be achieved as housing authorities fill vacant units. The Massachusetts law forbids evicting any lawful residents in order to reach these goals.

According to Massachusetts officials, that state settled on the 86.5/13.5 percentages after extensive negotiations between the legislature, the state Department of Housing and Community Development (DHCD), and advocacy groups. By some accounts, these ratios were representative of the occupancy rates of the two populations statewide. If Connecticut followed that method, the goal for young disabled persons would be 18 percent and 82 percent for elderly persons.

Advantages

- By regulating the occupancy rate, this approach does attempt to ensure that state funded housing not become disproportionately occupied by younger disabled people. Massachusetts housing officials indicate the percentage priority goals have slowed what had been a sharply increasing rate of non-elderly admissions and reduced a relatively high percentage of non-elderly disabled tenants in certain projects.
- Percentage goals may help the financial stability of housing authorities by limiting the concentration of very poor disabled tenants from becoming the long-term foundation for a particular housing authority’s rent structure.
- The program review survey found more than 70 percent of the responding housing authorities strongly favor establishing percentage caps. When asked what the percentages for each group should be, housing authorities gave various responses. Seventy percent of the respondents believed the percentage goal for elderly should be 90 percent or higher. Twenty-three percent of the

housing authorities indicated the elderly percentage should be 80 or 85. Five housing authorities thought the elderly percentage could be lower than 80 percent. Conversely, most housing authorities thought non-elderly disabled should comprise 10 percent or less of the population with some indicating 15 percent.

Disadvantage

- Extensive negotiations with interest groups may be needed to build consensus to determine an appropriate percentage goal.
- The cost and duties of state-level housing agencies would expand to administer and monitor this model.
- Establishing a placement percentage may increase or decrease a housing authority's existing percentage mix.
- There is no guarantee that elderly persons entering a development under a percentage goal will not be just as poor as the very low-income disabled individuals who may affect a project's financial stability.
- This option will require staff resources to provide guidance to housing authorities in the implementation of the model as well as to develop a monitoring system. It is unclear whether DECD or CHFA have staff resources to absorb this responsibility.

Option 4: Total Age Restriction (Individuals 62 and Older)

Description. A fourth option is to exclude individuals under 62 years of age completely from this type of housing. To do this, the legislature would have to “grandfather” the existing housing population mix and fill vacancies as they occur with persons 62 years old and over.

Advantages

- The program review statistics on negative incidents provide some evidence in favor of age-segregated housing because non-elderly tenants seem to pose more management problems compared to elderly tenants. One advantage of providing age-segregated housing is it would eliminate intergenerational conflicts and allow each group to reside with their peers who are likely to have similar lifestyle preferences.
- A project's financial stability may benefit from a possible increase of elderly individuals contributing to the excess of base.
- Outside of the management recommendation costs, there would be no additional administrative expense to verify age eligibility.

Disadvantages

- This approach would not address the social and financial impact in existing mixed populations projects.
- The non-elderly disabled group will continue to need subsidized housing.
- The potential cost of this approach is very high. At the moment, the state pays a significant rental subsidy through the elderly RAP program for the disabled population in its subsidized housing. This subsidy pays the difference between what the tenant can afford and the base rent, which in many housing authorities is very low. If very poor disabled persons are placed in the private market, the difference a rental subsidy must cover will be significantly higher. For example, a very poor disabled person who can afford \$100 for housing, and needs a \$100 dollar subsidy to cover a \$200 public housing base rent would need a \$400 rental subsidy to meet a \$500 rent in the private market.
- This approach does not acknowledge very low-income non-elderly persons with disabilities will age and eventually be eligible for these projects.

Option 5: Partial Age Restriction (Individuals 62 or older and “Near-elderly” Disabled)

Description. A fifth approach is to limit the current age eligibility requirement for non-elderly disabled to achieve a more similar age group. For example, the legislature could continue to allow anyone over the age of 62 and those over 50 years old and disabled. As with the other approaches, the legislature would have to “grandfather” the existing housing population mix and changes would be on a going-forward basis.

Advantages

- Having a tenant population mix closer in age may address complaints regarding different lifestyles and generational conflicts. It accommodates the theory that individuals prefer to reside with people of their own age. Interviews and public hearing testimony from residents suggest that older individuals would rather live in a community with their peers while some younger persons would rather not live in elderly housing, given a choice.
- Interviews and data from a sample of housing authorities indicate the median age of non-elderly disabled population is late 40s and 50s. Incorporating the “near-elderly” simply accelerates what will inevitably happen in the relatively near future as existing disabled tenants age in place and the disabled population as a group matures.
- Admission of older individuals may shorten the period of time very low-income persons remain as the basis of the rent structure.
- This option improves access to units by reducing the tenure rate while still preserving units for both groups on an equal basis.

- Outside of the management recommendation costs, there would be no additional administrative expense to verify age eligibility.

Disadvantages

- This approach would cut off a supply of affordable subsidized units for persons with disabilities under the age restriction, most notably those who may need handicapped accessible units.

Conclusion. The program review committee finds none of the approaches would remedy the social and financial impact of the existing policy without causing some ill effect for one or both population groups. At best, these approaches would reduce or lessen the social and/or economic impacts to varying degrees. All approaches, in conjunction with the management improvements recommended in the previous chapters, have the potential of limiting social conflicts to some extent. There is no assurance that any approach would promote the financial stability of housing authorities.

One model, by restricting eligibility to persons 62 and older, would preserve future access to units for elderly individuals but completely eliminates a source of subsidized housing for non-elderly disabled people on a going-forward basis. Only two models, the percentage model and the age restriction approach described in option five, appear to preserve access to units for both groups. However, while option five allows for equal access to units to both eligible populations, the placement goals limit each groups' access by a pre-determined percentage.

On December 21, 2004, the committee considered the spectrum of policy options related to changes in tenant eligibility. The program review committee did not endorse any one option: however, it did adopt a recommendation that **\$10 million be appropriated annually to create additional affordable housing for low-income elderly and disabled persons.**

Table VI-1. Summary of Policy Options

<i>ALTERNATIVE</i>	GOALS				OTHER CONSIDERATIONS		
	Reduce/Minimize Negative Incidents	Protect Financial Stability	Preserve Access for the Elderly	Preserve Access for Non-Elderly Disabled	Potential for Legal Challenges	Additional Costs	Restrict Disabled Access
Option #1: Current System with Enhancements	Yes somewhat, due to management tools.	No	No	No	None	Management tools (e.g., RSCs).	No
Option #2: *Designation	Yes somewhat, due to management tools and limits to interaction.	Perhaps, assuming elderly-only plans shift average tenant incomes upward.	Yes, assuming elderly-only plans.	Yes, assuming disability only plans.	Possible state constitution equal protection claim based on disability (but could also be viewed as permissible age-based discrimination).	Management tools; increased DECD plan, approval and monitoring; funds for housing alternatives	Yes, assuming elderly-only plans.
OPTION #3: *Percentage Goals	Yes somewhat, due to management tools and limits to interaction.	Yes, based on expected shift of average tenant incomes upward and predictability of tenant income levels.	Yes, due to percentage of units.	Yes, due to percentage of units.	Possible state constitution equal protection claim based on disability (but could also be viewed as permissible age-based discrimination).	Management tools; DECD administration & enforcement; funds for housing alternatives	Yes, some.
OPTION #4: *Restriction to age 62 and over	Yes, due to elimination of interactions (for incidents involving non-elderly).	Yes, due to expected shift of average tenant incomes upward and predictability of tenant income levels.	Yes	No	Possible state constitution equal protection claim based on disability (but could also be viewed as permissible age-based discrimination).	Management tools.	Yes
OPTION #5: *Age Restriction (Elderly & disabled persons age 50 and over)	Yes, due to management tools and increased generational similarities.	Yes, based on expected shift of average tenant incomes upward and predictability of tenant income levels.	Yes somewhat, due to reducing long tenure problem.	Somewhat as limited data show the majority of non-elderly disabled are currently between 40-50 years old.	Possible state constitution equal protection claim based on disability (but could also be viewed as permissible age-based discrimination, especially due to the age-based access).	Management tools	Some
* Current tenants grandfathered							

Connecticut General Assembly



SENATOR
JOSEPH J. CRISCO
Co-Chair

REPRESENTATIVE
JULIA B. WASSERMAN
Co-Chair

SENATE MEMBERS
JOSEPH J. CRISCO
JOHN W. FONFARA
ROBERT L. GENUARIO
TONI NATHANIEL HARP
ANDREW W. RORABACK
WIN SMITH, JR.

HOUSE MEMBERS
BOB CONGDON
JOHN W. HETHERINGTON
MICHAEL P. LAWLOR
ROGER B. MICHILE
J. BRENDAN SHARKEY
JULIA B. WASSERMAN

CARRIE VIBERT
DIRECTOR

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

July 6, 2004

Dear Housing Authority Director:

The Legislative Program Review and Investigations Committee of the Connecticut General Assembly is conducting a study of the policy of mixing young disabled and elderly persons in state funded senior housing. The study is examining the extent and nature of problems arising between elderly and disabled non-elderly tenants as well as exploring options and alternatives.

As part of the study, each housing authority director is asked to complete the enclosed questionnaire and return it in the envelope provided by *July 26, 2004*. Some of the questions seek general information and others ask for opinion. The survey results will be compiled so that identification of any responding individual will be impossible.

Again, we wish to emphasize this survey applies only to state elderly housing operated by housing authorities. It does not apply to federal complexes.

Although you may have heard about issues in other housing authorities, we are interested in knowing of *your* actual experience in managing *this* particular housing authority. If you have any questions about the survey or the study, or would like to provide additional information, do not hesitate to contact Michelle Castillo or Jill Jensen, the committee staff assigned to this project, at (860) 240-0300.

The information you provide will help the committee better understand the extent of any concerns you may have and identify possible solutions. Thank you for your cooperation.

Sincerely,

Carrie Vibert
Director

Enc

State Capitol*Room 506*Hartford, CT 06106*(860) 240-0300*Fax (860) 240-0327*prl@po.state.ct.us

**LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE
HOUSING AUTHORITY SURVEY JULY 2004**

Housing Authority: _____ Title/Position: _____
 Person Completing Survey: _____ Years in current position: _____

For this confidential survey, housing refers to STATE funded elderly/disabled housing projects your authority administers. It does not refer to any federally assisted housing.

1) Please indicate to what extent, if any, conflicts exist between non-elderly disabled and elderly tenants living in your state elderly housing project(s): ☐ Significant ☐ Moderate ☐ Minor ☐ None

2) In your opinion, what are the advantages and disadvantages of non-elderly disabled and elderly tenants living together in state elderly housing projects? _____

3) In general, do you favor or oppose the policy of integrating non-elderly disabled persons with elderly persons in public housing? ☐ Strongly Favor ☐ Favor ☐ Oppose ☐ Strongly Oppose

4) How effective are the following management tools in preventing or addressing conflicts between non-elderly disabled and elderly tenants at your state elderly housing project(s)? Please indicate which tools you employ.

(Please circle a number from 1 to 4, where 1 = not at all effective, and 4 = very effective)

Management Tools	Not at all Effective				Very Effective	Comments	Do you employ this tool? (Circle Yes or No)	
	1	2	3	4				
Resident Services Coordinator	1	2	3	4			Yes	No
Housing certificates/vouchers	1	2	3	4			Yes	No
Applicant background check	1	2	3	4			Yes	No
Eviction process	1	2	3	4			Yes	No
Other: _____	1	2	3	4			Yes	No

5) Please rate how helpful intervention by each of the following has been in preventing or addressing conflicts between non-elderly disabled and elderly tenants at your state elderly housing project(s).

(Please circle a number from 1 to 4, where 1 = not at all helpful, and 4 = very helpful)

Intervention by....	Not at all Helpful			Very Helpful	No Experience	Comments
	1	2	3	4	0	
State agency for mental health services (DMHAS)	1	2	3	4	0	
State agency for mental retardation services (DMR)	1	2	3	4	0	
State Area Agencies on Aging (DSS)	1	2	3	4	0	
Community-based mental health service agency	1	2	3	4	0	
Other local social service providers	1	2	3	4	0	

6) For the following questions, a "negative incident" refers to a specific occurrence that disrupts the safe and secure enjoyment of home and/or personal property.

a) Does your housing authority have a policy to address negative incidents when they occur? ☐ Yes ☐ No

If yes, please briefly describe the policy (attach copy if available) _____

b) Does your housing authority have a system to track negative incidents? ☐ Yes ☐ No

If yes, please describe _____

c) In the last 6 months, how many tenants in your state elderly housing project(s) have been involved in a negative incident who were: under age 62: _____ age 62 and older: _____

d) Please indicate the type of negative incidents occurring over the last 6 months involving:

Type of incident	Tenants Under Age 62 with Disabilities		Tenants Over Age 62	
	Number of incidents	Number of Tenants	Number of incidents	Number of Tenants
Physical altercation				
Verbal altercation				
Excessive noise				
Poor housekeeping				
Destruction of property				
Disruptive guests				
Illegal drug use				
Drug dealing				
Prostitution				
Inappropriate social behavior (Please list, e.g. public nudity, profanity, etc.,...)				
1) _____				
2) _____				
3) _____				
Other: _____				
How many of these incidents required police intervention?				

7) Are there limitations to the effectiveness of your current applicant screening process in identifying problem tenants?

☐ No ☐ Yes If yes, what are the limitations? _____

8) What services, if any, do you use to screen applicants for your state elderly housing project(s)? (check all that apply)

☐ NCIC database ☐ State/local police database ☐ InfoCenter (credit) ☐ Other: _____ ☐ None

If No:

- a) Do you have any staff other than a resident services coordinator assigned to mediate conflicts between tenants of your state elderly housing project(s)? ☐ No ☐ Yes (title of staff person _____)
- b) Do you have any staff other than a resident services coordinator assigned to assist tenants of your state elderly housing project(s) access social services? ☐ No ☐ Yes (title of staff person _____)
- c) How helpful would employing a resident services coordinator be to your housing authority?
☐ Very helpful ☐ Helpful ☐ Somewhat Helpful ☐ Not Helpful
Why? _____

13) Are there any changes in state policies or programs you would suggest to address problems related to mixing non-elderly disabled and elderly tenants in state elderly housing projects? _____

*Thank you for taking the time to complete the survey.
If you have any questions please call the committee staff at (860) 240-0300.*

Please Return In The Enclosed Prepaid Envelope By July 26, 2004.

Appendix A: Housing Authorities Who Did Not Respond to the PRI Survey

	Number of Elderly	Number of Non-Elderly Disabled
Bridgeport	20	4
Litchfield	60	6
Milford	122	13
Morris	20	0
New London	169	41
North Canaan	40	0
Plainville	119	1
Portland	50	20
Sprague	17	3
Stamford	57	21
Thompson	60	10
Vernon	134	0
Willimantic	43	47

Legislative History

Enacted during the March 1958 Special Session of the Connecticut General Assembly, Public Act 26 established the state's role in providing funds (\$4 million) for construction of homes for elderly persons of low income. Entitled, "AN ACT AUTHORIZING HOUSING PROJECTS FOR ELDERLY PERSONS OF LOW INCOME," *elderly persons of low income* was defined in Section 2 as those aged 65 or older who lacked the income necessary to live in decent, safe and sanitary housing (The lack of necessary income was determined by the Commission on Services for the Elderly).

In 1959, the issue was revisited because no one had accessed the \$4 million due to the following barriers:

- No process in place for application and approval of projects;
- Mandatory provisions that the municipalities provide roads, sidewalks, sewage and utility connections, etc.;
- Due to the way the bonds were structured, there was an extremely high debt service, which made the projected rent too expensive for the elderly poor; and
- Strict age limitation of 65 or older for women, more stringent than the social security requirement of 62 or older.
-

Senate Bill 1172 (passed May 22, 1959) was drafted to address these concerns. Entitled, "AN ACT CONCERNING DEVELOPMENT OF RENTAL HOMES FOR ELDERLY CITIZENS OF THE STATE," Public Act 600 (approved June 16, 1959) contained the following administrative revisions under section 2, subsection (m):

- Transferred the processing of applications and approval from the *Committee for the Elderly Citizens* to the *Department of Public Works* (which also oversaw the *State Housing Authority*);
- Loosening of mandatory provisions for municipalities;
- Added \$2 million in funding, restructured/subsidized debt service to make projected rent more affordable for the elderly poor; and
- Revised definition of "elderly persons" to mean women 62 or older, and men 65 or older.

In 1961, the definition of "elderly persons" was revised yet again. During the February 7, 1961 General Law Committee hearing of Senate Bill 527, "elderly persons" was expanded to include those persons certified by the Social Security Act as being *totally disabled*. "Disability" was defined in the Social Security Amendments of 1956 as a person who is, "...unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental

impairment which must be expected to result in death or to be of long-continued and indefinite duration.” Determination of disability was made by state agencies administering plans approved under the Vocational Rehabilitation Act. In 1957, the Social Security Administration outlined the factors to be used in evaluating impairment, including *“the individual’s education, training, and work experience.”* The minimum age of 50 for eligibility for disability benefits was eliminated in the Social Security Amendments of 1960 (Public Law 86-778).

There appeared to be no controversy or opposition to the inclusion of the totally disabled to the definition of elderly persons. The only person who testified at the General Law Committee hearing (February 7, 1961) was the senator who introduced S.B. 527. The bill passed uneventfully through the Senate (April 18, 1961) and House (April 25, 1961). Entitled, “AN ACT CONCERNING ELIGIBILITY FOR HOUSING FOR ELDERLY PERSONS,” Public Act 110 (approved during the 1961 Session) contained the following addition to the definition of “elderly persons” under subsection (m) of section 8-113a: *“...or persons who have been certified by the social security board as being totally disabled under the federal social security act.”*

In 1963, the definition of “elderly persons” was modified slightly so that the age minimum for men was decreased from 65 years old to 62 years old. Entitled, “AN ACT CONCERNING ELIGIBILITY FOR HOUSING FOR THE ELDERLY,” Public Act 430 (approved during the January 1963 Session) eliminated gender differences in the following age aspect of the definition of “elderly persons” under subsection (m) of section 8-113a: *“Elderly persons” means persons sixty-two years of age and over... ”*

Twenty years later, the definition of “elderly persons” was revisited once more. Entitled, “AN ACT REESTABLISHING THE INVESTMENT ADVISORY COUNCIL, THE DEPARTMENT OF HOUSING AND THE ARCHITECTURAL LICENSING BOARD,” Public Act 83-574 (approved during the January 1983 Session) expanded the entities able to determine which elderly persons lack the amount of income necessary, to include nonprofit corporations under subsection (m) of section 8-113a: *“Elderly persons” means persons sixty-two years of age and over who lack the amount of income which is necessary, as determined by the authority or nonprofit corporation, subject to approval by the commissioner of housing, to enable them to live in decent, safe and sanitary dwellings without financial assistance as provided under this part, or persons who have been certified by the Social Security Board as being totally disabled under the Federal Social Security Act.*

Changes to the definition of “elderly persons” next occurred in 1991. Entitled, “AN ACT CONCERNING LOANS FOR MODIFICATIONS TO HOUSING TO MAKE DWELLINGS ACCESSIBLE TO THE DISABLED,” Public Act 91-149 expanded the entities able to certify a person as totally disabled under subsection (m) of section 8-113a to include *any other federal board or agency*. The rationale for including any other federal board or agency in certifying a person as totally disabled was not explained. Testimony from the February 11, 1991 Select Committee on Housing hearing, however, described a Department of Housing low interest rate loan program for making dwellings accessible to those with physical handicaps (i.e. wheelchair-bound). Perhaps this certification expansion was made to encompass the federal boards or agencies that were distributing these loans.

A significant change occurred in 1995 with Senate Bill 449, “AN ACT CONCERNING ALCOHOL AND DRUG USERS IN SENIOR HOUSING.” During the February 7, 1995 Human Services Committee hearing for the bill, the following issues/concerns were raised:

- AARP mentioned the national problem of seniors living in senior housing with non-seniors classified as disabled. “Disruptive, even sometimes violent, behavior and drug dealing within the residence have terrorized many seniors.”
- Housing Authority staff reported an increased number of problems, including fires, evictions, homicides, prostitution, drug trafficking, and other safety and security issues, they believed were often directly related to the use and misuse of substances.
- Older persons themselves are often alcoholics/substance abusers. Change the wording to drug *abuse* rather than drug *use* as medications could be interpreted as drugs; similarly, alcohol *use* would “infringe on clients who enjoy an occasional imbibement.”

•

During the May 9, 1995 Senate Session on S.B. 449, Senator Lovegrove, one of the legislators who had introduced the bill, summarized the amendment as excluding those who: “...currently use illegal drugs; are currently alcohol abusers and that abuse causes them to be disruptive and/or dangerous to others around them; and those who have a recent history of being disruptive or dangerous to people around them.”

During the May 24, 1995 House Session on S.B. 449, it was clarified that the federal law, while not protecting those who are using drugs illegally, will protect those who have successfully completed a drug addiction recovery program or are using prescription drugs at a doctor’s direction.

Public Act 95-197, entitled, “AN ACT CONCERNING SENIOR HOUSING AND TEMPORARY OCCUPANCY OF DWELLING UNITS OPERATED BY HOUSING AUTHORITIES,” (approved June 28, 1995) included the aforementioned exceptions to determining which persons may live in such housing under subsection (m) of section 8-113a: “...except persons (1) currently using illegal drugs, (2) currently abusing alcohol and who have a recent history of disruptive or dangerous behavior whose tenancy constitutes a direct threat to the health and safety of another individual or whose tenancy would result in substantial physical damage to the property of another or (3) with a recent history of disruptive or dangerous behavior whose tenancy would constitute a direct threat to the health and safety of another individual or whose tenancy would result in substantial physical damage to the property of another.”

On April 8, 1998, the House proposed amendment LCO 3340, designated as House “B,” which barred elderly and disabled people from moving into state assisted housing if they had been convicted of selling or possessing illegal drugs in the past two years. The amendment also allowed state assisted housing projects to evict tenants if they were convicted of selling or possessing illegal drugs.

LCO 3340 was withdrawn during the April 22, 1998 House Session. The language was tightened and designated as amendment LCO 3813, House “C.” Adopted on April 22, 1998, this

amendment made a person who had been convicted of the sale or possession of a controlled substance ineligible to live in housing for elderly and disabled persons during the 24-month period following that conviction. Additionally, it would allow a housing authority to evict a person from elderly housing if they were convicted of selling or using an illegal substance. The barring and eviction of such persons is contained in Public Act 98-114, entitled, “AN ACT CONCERNING AN INCOME EXCLUSION FOR CERTAIN HOUSING TENANTS AND EVICTIONS FROM HOUSING PROJECTS FOR THE ELDERLY,” (approved May 22, 1998, effective October 1, 1998). The earlier references to illegal drugs, alcohol abuse, and disruptive or dangerous behavior, was removed from the definition of “elderly persons” in subsection (m) of section 8-113a and placed in a new section 8-116c. Subsection (a) of section 8-116c describes those who would be ineligible to live in housing for elderly and disabled persons (i.e. illegal drugs, alcohol abuse, disruptive/dangerous behavior, conviction for sale or possession), and subsection (b) of section 8-116c describes eviction of tenants who are convicted of selling or possessing illegal substances:

Subsection (a) “An elderly person, as defined in subsection (m) of section 8-113a, shall not be eligible to move into a housing project, as defined in subsection (f) of section 8-113a, if the person (1) is currently using illegal drugs, (2) is currently abusing alcohol and has a recent history of disruptive or dangerous behavior and whose tenancy (A) would constitute a direct threat to the health or safety of another individual or (B) would result in substantial physical damage to the property of another, (3) has a recent history of disruptive or dangerous behavior and whose tenancy (A) would constitute a direct threat to the health and safety of another individual or (B) would result in substantial physical damage to the property of another, or (4) was convicted of the illegal sale or possession of a controlled substance, as defined in section 21a-240, within the prior twenty-four month period.”

Subsection (b) “Any authority, municipal developer, nonprofit corporation or other lessor may evict any individual from such housing project who is convicted of the illegal sale or possession of a controlled substance, as defined in section 21a-240, during the period of time the individual is residing in such housing. Such eviction shall be in accordance with the provisions of chapter 832. Nothing in this section shall be construed to limit the remedies of any such authority, municipal developer, nonprofit corporation or lessor under chapter 832.”

Summary. This legislative history of the mixing of the elderly with the non-elderly disabled in State elderly housing projects is current through 2003. To summarize, the addition of non-elderly disabled into the definition of elderly persons occurred quite early in the history of this legislation (1961). Concerns regarding the mixing of these two populations are reflected in the 1995 legislation that addressed the barring of primarily non-elderly disabled who currently abuse drugs or alcohol, or exhibit disruptive or dangerous behavior. Subsequent 1998 legislation expanded further on these concerns by also barring persons convicted of sale or possession of an illegal controlled substance from residing in state assisted housing projects, as well as evicting those convicted who currently reside in such housing.

Appendix C

2004 HUD Low-Income Limits		
	1 PERSON	2 PERSON
Bridgeport, CT PMSA FY 2004 MFI: 75,800	\$40,250	\$46,000
Danbury, CT PMSA FY 2004 MFI: 96,500	\$40,250	\$46,000
Hartford, CT MSA FY 2004 MFI: 73,900	\$40,250	\$46,000
New Haven-Meriden, CT PMSA FY 2004 MFI: 71,600	\$40,100	\$45,800
New London-Norwich, CT-RI MSA FY 2004 MFI: 66,700	\$39,050	\$44,600
Stamford-Norwalk, CT PMSA FY 2004 MFI: 111,600	\$48,700	\$55,700
Waterbury, CT PMSA FY2004 MFI: 64,900	\$39,050	\$44,600
Worcester, MA-CT PMSA FY 2004 MFI: 69,300	\$38,800	\$44,350
Hartford County FY 2004 MFI: 77,600	\$40,250	\$46,000
Litchfield County FY 2004 MFI: 67,700	\$39,050	\$44,600
Middlesex County FY 2004 MFI: 87,700	\$40,250	\$46,000
New London County FY 2004 MFI: 79,200	\$40,250	\$46,000
Tolland County FY 2004 MFI: 76,000	\$40,250	\$46,000
Windham County FY 2004 MFI: 66,100	\$39,050	\$44,600
<p><i>A Metropolitan Statistical Areas (MSA) contains (1) a city with a population of at least 50,000 or (2) an urbanized area with a population of 50,000 or more and has a total metropolitan population of at least 75,000 in New England. A Primary Metropolitan Statistical Areas (PMSA) is an area with a population of more than one million. If a location is not part of an MSA or PMSA, then separate county limits apply. Certain adjustments are made for areas that have unusually high or low income compared to housing costs.</i></p>		

Appendix D

APPENDIX D Connecticut State Elderly/Disabled Housing: Locations, Occupants and Waiting Lists, August 2004

Municipality	No. State Elderly Projects	Total No. Units	No. Elderly Tenants	No. Non-Elderly Disabled Tenants	% Units Occ. By Non-Elderly Disabled Tenants	Total Waiting List	No. Elderly Persons on List	No. Non-Elderly Disabled Persons on List	% Wait List Non-Elderly Disabled Persons
Ansonia	1	40	30	10	25.0%	17	8	9	52.9%
Ashford	1	32	28	4	12.5%	21	14	7	33.3%
Berlin	2	70	63	7	10.0%	45	33	12	26.7%
Bethel	2	80	76	4	5.0%	65	57	8	12.3%
Branford	2	90	80	10	11.1%	3	2	1	33.3%
Bridgeport	1	24	20	4	16.7%	496	188	308	62.1%
Bristol	1	40	26	14	35.0%	32	10	22	68.8%
Brookfield	1	35	31	4	11.4%	29	25	4	13.8%
Canton	1	40	32	8	20.0%	13	6	7	53.8%
Cheshire	1	48	37	11	22.9%				
Clinton	1	30	29	1	3.3%	49	37	12	24.5%
Colchester	3	64	43	21	32.8%	22	18	4	18.2%
Coventry	2	80	61	19	23.8%	66	47	19	28.8%
Danbury	3	150	97	53	35.3%	216	22	194	89.8%
Darien	1	30	30	0	0.0%	53	46	7	13.2%
Deep River	1	26	22	4	15.4%	62	45	17	27.4%
Derby	3	106	95	11	10.4%	68	39	29	42.6%
East Hampton	2	70	67	3	4.3%	14	12	2	14.3%
East Hartford	1	30	5	25	83.3%				
East Windsor	3	84	70	14	16.7%	20	13	7	35.0%
Ellington	2	42	35	7	16.7%	19	12	7	36.8%
Enfield	6	240	196	44	18.3%	83	57	26	31.3%
Essex	1	36	34	2	5.6%	14	11	3	21.4%
Fairfield	3	68	65	3	4.4%				
Farmington	1	40	38	2	5.0%	37	31	6	16.2%
Glastonbury	3	140	126	14	10.0%	43	27	16	37.2%
Greenwich	1	51	37	14	27.5%	165	105	60	36.4%

APPENDIX D Connecticut State Elderly/Disabled Housing: Locations, Occupants and Waiting Lists, August 2004

Municipality	No. State Elderly Projects	Total No. Units	No. Elderly Tenants	No. Non-Elderly Disabled Tenants	% Units Occ. By Non-Elderly Disabled Tenants	Total Waiting List	No. Elderly Persons on List	No. Non-Elderly Disabled Persons on List	% Wait List Non-Elderly Disabled Persons
Griswold	2	60	43	17	28.3%	41	33	8	19.5%
Groton	4	175	130	45	25.7%	9	7	2	22.2%
Guilford	3	90	69	21	23.3%	89	64	25	28.1%
Hamden	4	190	131	59	31.1%	37	37	0	0.0%
Hartford	2	76	71	5	6.6%	27	17	10	37.0%
Hebron	1	25	23	2	8.0%	10	10	0	0.0%
Killingly	3	120	98	22	18.3%	30	20	10	33.3%
Ledyard	1	30	28	2	6.7%	62	28	34	54.8%
Litchfield	2	66	60	6	9.1%	43	37	6	14.0%
Manchester	2	80	38	42	52.5%	382	253	129	33.8%
Mansfield	2	40	27	13	32.5%	7	3	4	57.1%
Marlborough	1	24	22	2	8.3%	33	30	3	9.1%
Middlefield	1	30	27	3	10.0%	15	10	5	33.3%
Middletown	1	40	36	4	10.0%	16	15	1	6.3%
Milford	4	135	122	13	9.6%	101	35	66	65.3%
Monroe	1	30	26	4	13.3%	39	34	5	12.8%
Montville	2	80	72	8	10.0%	20	18	2	10.0%
Morris	1	20	20	0	0.0%	52	52	0	0.0%
Naugatuck	5	194	132	62	32.0%	54	36	18	33.3%
New Britain	1	50	44	6	12.0%				
New London	2	210	169	41	19.5%	88	34	54	61.4%
Newington	3	106	81	25	23.6%	146	95	51	34.9%
North Branford	2	60	53	7	11.7%	14	11	3	21.4%
North Canaan	1	40	40	0	0.0%	8	8	0	0.0%
North Haven	2	70	68	2	2.9%	112	88	24	21.4%
Norwalk	1	30	22	8	26.7%	38	23	15	39.5%
Norwich	4	183	125	58	31.7%	38	21	17	44.7%
Old Lyme	1	39	39	0	0.0%	35	28	7	20.0%
Oxford	1	34	33	1	2.9%	20	20	0	0.0%
Plainfield	1	40	32	8	20.0%	12	2	10	83.3%

APPENDIX D Connecticut State Elderly/Disabled Housing: Locations, Occupants and Waiting Lists, August 2004

Municipality	No. State Elderly Projects	Total No. Units	No. Elderly Tenants	No. Non-Elderly Disabled Tenants	% Units Occ. By Non-Elderly Disabled Tenants	Total Waiting List	No. Elderly Persons on List	No. Non-Elderly Disabled Persons on List	% Wait List Non-Elderly Disabled Persons
Plainville	3	120	119	1	0.8%	63	61	2	3.2%
Plymouth	2	60	45	15	25.0%	1	1	0	0.0%
Portland	2	70	50	20	28.6%	10	4	6	60.0%
Preston	2	40	40	0	0.0%	1	1	0	0.0%
Putnam	3	67	50	17	25.4%	37	14	23	62.2%
Ridgefield	2	60	54	6	10.0%	16	15	1	6.3%
Rocky Hill	2	70	62	8	11.4%	59	50	9	15.3%
Seymour	1	40	38	2	5.0%	12	9	3	25.0%
Shelton	3	120	110	10	8.3%	14	12	2	14.3%
Simsbury	2	70	61	9	12.9%	3	3	0	0.0%
Somers	2	54	52	2	3.7%	14	12	2	14.3%
South Windsor	2	70	61	9	12.9%	30	20	10	33.3%
Southington	5	180	165	15	8.3%	58	52	6	10.3%
Sprague	1	20	17	3	15.0%	5	5	0	0.0%
Stafford	3	110	104	6	5.5%	14	10	4	28.6%
Stamford	2	78	57	21	26.9%	62	33	29	46.8%
Stonington	2	60	59	1	1.7%	14	12	2	14.3%
Stratford	3	113	105	8	7.1%	522	263	259	49.6%
Suffield	3	70	68	2	2.9%	8	5	3	37.5%
Thomaston	2	62	61	1	1.6%	33	29	4	12.1%
Thompson	2	70	60	10	14.3%	24	19	5	20.8%
Tolland	1	30	26	4	13.3%	71	58	13	18.3%
Torrington	4	130	104	26	20.0%	55	14	41	74.5%
Trumbull	4	186	170	16	8.6%	127	82	45	35.4%
Vernon	4	134	134	0	0.0%	55	32	23	41.8%
Voluntown	1	20	17	3	15.0%				
Wallingford	5	185	156	29	15.7%	72	33	39	54.2%
Waterbury	3	154	89	65	42.2%	284	62	222	78.2%
Watertown	3	120	112	8	6.7%	196	160	36	18.4%
West Hartford	1	40	33	7	17.5%	22	17	5	22.7%

APPENDIX D Connecticut State Elderly/Disabled Housing: Locations, Occupants and Waiting Lists, August 2004

Municipality	No. State Elderly Projects	Total No. Units	No. Elderly Tenants	No. Non-Elderly Disabled Tenants	% Units Occ. By Non-Elderly Disabled Tenants	Total Waiting List	No. Elderly Persons on List	No. Non-Elderly Disabled Persons on List	% Wait List Non-Elderly Disabled Persons
Westbrook	1	32	28	4	12.5%	7	7	0	0.0%
Westport	1	50	46	4	8.0%	159	144	15	9.4%
Wethersfield	4	112	63	49	43.8%	62	28	34	54.8%
Winchester	1	40	40	0	0.0%	59	25	34	57.6%
Windham	2	90	43	47	52.2%	92	5	87	94.6%
Windsor	3	112	69	43	38.4%	35	14	21	60.0%
Windsor Locks	1	40	35	5	12.5%	85	62	23	27.1%
Woodstock	1	24	24	0	0.0%	5	4	1	20.0%
Total	200	7,256	5,981	1,275	17.6%	5,616	3,311	2,305	41.0%

Source of Data: CHFA

Appendix E

Focus Group Discussion #1

Below are the questions that were asked of each discussion group. Following each question is a brief summary of the answers we received. We have edited this material to maintain the anonymity of the tenants.

Group I: age 62 and over

- 1) How many years have you lived here? Do you think this is a good, safe and peaceful place to live? If no, why?**

In general most participants feel that there is no reason why they cannot all get along with each other. The group agreed that visitors of residents sometimes become problematic as they stay too long, have caused trouble, and some tenants bring in people who should not be there.

- 2) Do you think having younger disabled persons and older adults living in the same community is a good idea?**

Most agreed that there are isolated problems. However, they felt that people who are “over the line” shouldn’t be here because they attract people who do not belong – people who are dangerous.

- 3) Do you feel that you have alternative housing options?**

Most said that they do not have other options, but all expressed being thankful to live there.

- 4) How well do you think younger disabled persons and older adults get along with each other here? If you think it’s a problem, is it because of something you’ve experienced yourself, heard about, or just have a feeling or worry about?**

Most felt that the disabled give back to the elderly, for example if an elderly individual needs something done the young people do it for them 99% of the time and they feel good about it. A few felt that older residents have more in common and groups tend to stick together, so they should place people accordingly.

- 5) Do the housing managers do everything they can to make this a safe peaceful community? If no, what else could they do?**

Yes, however the group felt that sometimes problems persist. They expressed that the housing management demands names and because they fear retaliation the tenants choose not to report things. The housing management strongly encourages police intervention.

- 6) Do you think this policy should change? If yes, how?**

They said that there used to be a lengthy lease that contained a number of rules and that now there is not. They would like clear guidelines and rules and to see that they are enforced. Lastly, there needs to be additional supports for the mentally disabled.

Focus Group Discussion #1 (Continued)

Group II: under age 62

- 1) How many years have you lived here? Do you think this is a good, safe and peaceful place to live? If no, why?**

The group felt that there should be a police officer or some type of security present at night, mainly because of the proximity of the apartments to a pool hall, motel, and loud businesses down the road. They said that otherwise they

are able to call the RSCs when they have problems. The majority feel safe but did express feeling a lack of privacy and indicated that gossiping is a problem.

2) Do you think having younger disabled persons and older adults living in the same community is a good idea?

Most felt that it is not a bad idea, but that the elderly tend not respect their privacy.

3) Do you feel that you have alternative housing options?

They mentioned that the Executive Director is very caring and takes a real interest in each person. The group agreed that this is a nice place – better than others. They also mentioned that problems exist everywhere. The incentive to follow the rules is that it is a nice place to live and they do not want to lose it. They complained that other groups have a “package” of services that include housing – DMR, and the elderly but that DMHAS clients have nothing put together; it is in hands of various doctors and therapists.

4) How well do you think younger disabled persons and older adults get along with each other here? If you think it's a problem, is it because of something you've experienced yourself, heard about, or just have a feeling or worry about?

Many felt that the elderly have a stabilizing effect. There were concerns raised regarding gossip as an issue.

5) Do the housing managers do everything they can to make this a safe peaceful community? If no, what else could they do?

Many expressed that the problems stem from a few isolated people making it look bad and that there should be a three strikes and you're out policy. The group agreed that the RSCs are helpful and reliable and listed the following examples of services that they have been provided: a housekeeper, new mattress, transportation, completing forms and achieving funding, job applications, and employment.

6) Do you think this policy should change? If yes, how?

The consensus was that they should not be separated because there are bad individuals in each group and everyone just needs to learn how to get along.

Focus Group Discussion #2

Mixed Age Group Meeting

1) How many years have you lived here? Do you think this is a good, safe and peaceful place to live? If no, why?

The tenants at this location seemed to have concerns regarding the security. They share hallways and are therefore, more vulnerable to the disruptions that may be caused by their neighbor's visitors and schedule. One of the main problems mentioned is that main doors are being propped open during the night. One tenant said that they were told by the police not to call them unless someone is bleeding. As is common, the residents here are hesitant to report the offenders to management because they fear retaliation. Management is having security cameras installed to help combat this problem.

2) Do you think having younger disabled persons and older adults living in the same community is a good idea?

This group had mixed feelings on this question. Some of the seniors felt that this is a bad idea and would prefer their own place, while others had good relationships with some of the non-elderly disabled. The non-elderly disabled who chose to participate also did not want to be

segregated as these few were nearly elderly and appeared to associate more with the senior population.

3) Do you feel that you have alternative housing options?

This group felt that they could not afford any other housing.

4) How well do you think younger disabled persons and older adults get along with each other here? If you think it's a problem, is it because of something you've experienced yourself, heard about, or just have a feeling or worry about?

The participants expressed that there are exceptions toward either extreme. In general it seemed that the older of the non-elderly disabled are able to form good relationships with the elderly, some non-elderly disabled keep to themselves, and there a few who exhibit risky behavior (including propping the main doors open and drug use).

5) Do the housing managers do everything they can to make this a safe peaceful community? If no, what else could they do?

In response to the residents' security concerns management is installing cameras by the doors to prevent people from propping them open and they are switching to identification cards/photo badges that may act as keys to prevent people from making copies of keys.

Furthermore, management has taken it upon themselves to hold regular town hall style meetings for the residents. These meetings are moderated by a DSS worker and include representatives from management, the Resident Services Coordinator, Lease Enforcement personnel, and sometimes the local mental health agency.

6.) Do you think this policy should change? If yes, how?

Again the sentiment was mixed. Some seniors would prefer to live in an elderly only environment while some were opposed to segregating the populations. In particular, those participants who were non-elderly disabled expressed fear about the possibility of being placed in an exclusively non-elderly disabled environment.

Management and staff desire better screening mechanisms to determine whether the applicant is appropriate and more resources to respond to negative incidents such as the Community Response Team and eviction process.

Focus Group Discussion #3

Group 1: age 62 and over

6) How many years have you lived here? Do you think this is a good, safe and peaceful place to live? If no, why?

The majority of the tenants agreed that it was more safe and peaceful three or four years ago. Since then there have been problems (primarily with one individual) including one break-in and peering into neighbors' windows. The tenants also expressed feeling vulnerable as their property is exposed to the nearby main road.

7) Do you think having younger disabled persons and older adults living in the same community is a good idea?

They expressed that age is not the issue but that the problem is really bad behavior and mental status. The consensus was that individuals with substance abuse disorders are the most problematic.

8) Do you feel that you have alternative housing options?

Everyone in the room stated that they do not have any other housing options available to them.

9) How well do you think younger disabled persons and older adults get along with each other here? If you think it's a problem, is it because of something you've experienced yourself, heard about, or just have a feeling or worry about?

Overall the tenants explained that they are able to get along with one another, but raised concerns over one (elderly) individual's use of inappropriate language around grandchildren and school children along the road.

Some of the seniors stated that the age difference has an impact on the social events (non-participation, etc.) but that the young may still be good tenants.

10) Do the housing managers do everything they can to make this a safe peaceful community? If no, what else could they do?

There were several complaints about a few negative incidents seemingly unrecognized/unresolved by management. The property manager explained that the eviction policy requires a signed statement from the resident who witnessed the incident or a police report.

The tenants then explained that housing management instructs them to call the police and that the police tell them not to call unless it is an emergency. There is an apparent misunderstanding between housing management and the police regarding this responsibility.

They do have a Resident Service Coordinator however; she mostly works with the frail elderly but will provide referrals for the disabled when asked.

Do you think this policy should change? If yes, how?

The tenants expressed that they would like the implementation of a better screening process, more assisted living built, increased funding for mental health services, a more clear policy on unacceptable behavior and enforcement of this policy.

The property manager explained that they do in fact have a tenant selection process but that many applicants with caseworkers and services in place can choose to drop their services and decompensate during their tenancy.

FOCUS GROUP DISCUSSION #3 (CONTINUED)

Group II: under age 62

- 1) **How many years have you lived here? Do you think this is a good, safe and peaceful place to live? If no, why?**

Some residents felt that there is too much traffic here. These residents appeared to be most concerned about insufficient parking due to various aides visiting residents. This traffic creates noise and confusion.

Aside from these complaints, no one expressed any complaints or issues regarding safety.

- 2) **Do you think having younger disabled persons and older adults living in the same community is a good idea?**

A few individuals from each group felt that this is not a good idea comparing the mixing of the populations to “oil and water.” While some discussed the difference in their lifestyles, hours, and sociability in general they appeared to be in agreement that age is not necessarily the problem but that problems may exist due to personality conflicts.

- 3) **Do you feel that you have alternative housing options?**

The group did not feel that they had other affordable housing options.

- 4) **How well do you think younger disabled persons and older adults get along with each other here? If you think it's a problem, is it because of something you've experienced yourself, heard about, or just have a feeling or worry about?**

Some of the non-elderly disabled expressed feeling unwelcome and have been made to feel that they are taking up spaces that are for the elderly. They reported that they have personally been harassed, made fun of, and called “crazy.”

- 5) **Do the housing managers do everything they can to make this a safe peaceful community? If no, what else could they do?**

Some felt that nothing has been done to resolve those issues that they have identified as problems (e.g. parking and personality conflicts between neighbors). The property manager explained that they do have a mediation process in place whereby the resident council and staff members who received certification will mediate upon request. She added that in cases where staff are familiar with the individuals involved the staff from another housing authority would conduct the mediation. She stressed that this is a service that can only be effective if both parties are willing to cooperate and participate.

- 6) **Do you think this policy should change? If yes, how?**

The response to this question was mixed. Individuals in both groups opposed the policy of mixing the populations while at the same time stressed that the disabled should not be segregated and expressed fear about any possibility of having to move from their current apartments.

Focus Group Discussion #4

Group I: ages 62 and over

- 11) **How many years have you lived here? Do you think this is a good, safe and peaceful place to live? If no, why?**

All the residents agreed that this was a safe and peaceful place to live. The main problems mentioned were an increase in noise, visitors (in particular unsupervised grandchildren), younger tenants allowing friends and partners to move in with them, and littering.

- 12) **Do you think having younger disabled persons and older adults living in the same community is a good idea?**

Overall the residents felt that anyone who is currently entitled to live there should be allowed to live there and segregating the disabled is unfair.

- 13) **Do you feel that you have alternative housing options?**

No one felt that they had alternative housing solutions.

- 14) **How well do you think younger disabled persons and older adults get along with each other here? If you think it's a problem, is it because of something you've experienced yourself, heard about, or just have a feeling or worry about?**

The majority of the participants said that they get along with each other. Again the problem seemed to stem from noise and unsupervised grandchildren.

- 15) **Do the housing managers do everything they can to make this a safe peaceful community? If no, what else could they do?**

This group expressed satisfaction with housing management. They mentioned that sometimes they have to be persistent with their complaints or requests but felt that management generally takes care of everything.

The residents mentioned that at one point the police used to come and check on them (usually an officer on bike patrol). They expressed concern that this service appears to have been eliminated.

- 16) **Do you think this policy should change? If yes, how?**

The general consensus appeared to be that the policy should not change. However, the group did suggest better enforcement of the lease and management identified a need for a stronger relationship with the LMHA and other services as well as up to date handicap modifications.

FOCUS GROUP DISCUSSION #4 (CONTINUED)

Group II: non-elderly disabled

- 1) **How many years have you lived here? Do you think this is a good, safe and peaceful place to live? If no, why?**
-

This group said that they feel that this is a safe and peaceful place to live. Again the only problems mentioned were noise and an occasional parking shortage.

- 2) **Do you think having younger disabled persons and older adults living in the same community is a good idea?**

The group noted that they do have generational differences but that this did not mean that the policy is a bad idea.

- 3) **Do you feel that you have alternative housing options?**

Again, no one felt that they had other housing options that met their financial resources.

- 4) **How well do you think younger disabled persons and older adults get along with each other here? If you think it's a problem, is it because of something you've experienced yourself, heard about, or just have a feeling or worry about?**

They said that overall the two groups get along. They do feel a lack of privacy but were not able to distinguish whether or not this is the result of their close proximity to their neighbors or a problem of nosiness or gossip.

- 5) **Do the housing managers do everything they can to make this a safe peaceful community? If no, what else could they do?**

The residents said that they feel comfortable calling management with problems and that although they sometimes have to call more than once, management is responsive.

- 6) **Do you think this policy should change? If yes, how?**

They did not feel that the policy should change. They appeared grateful for the opportunity to have such housing.

Focus Group Discussion #5

Group I: ages 62 and over

- 1) **How many years have you lived here? Do you think this is a good, safe and peaceful place to live? If no, why?**

The average tenant in this group has lived here for five years. The participants feel that this is a safe and peaceful place to live. They particularly enjoy the single level apartments, the activities, and the use of a van that comes to take them shopping. They noted that there is minimal police activity here and while some regarded that positively another seemed disappointed that the police were not routinely patrolling their community.

- 2) **Do you think having younger disabled persons and older adults living in the same community is a good idea?**

Again, the participants were divided. Some seemed very content with the idea and empathized with the young disabled's need for affordable housing. Another was adamant that this is not a good idea at all and that the seniors deserve a place of their own. Those who opposed the idea generally seemed not to understand that a mental disability is considered a legal disability.

3) Do you feel that you have alternative housing options?

No one in the group felt that they could afford anything similar in the private market.

4) How well do you think younger disabled persons and older adults get along with each other here? If you think it's a problem, is it because of something you've experienced yourself, heard about, or just have a feeling or worry about?

Many feel that they get along or that the groups just keep to themselves. No one could identify having a negative experience. One person commented that some of the elderly are "fresh" and that there is one problem tenant among the elderly. Another individual felt that the young disabled could benefit from joining in more activities.

5) Do the housing managers do everything they can to make this a safe peaceful community? If no, what else could they do?

They said that management is responsive and helpful. They appreciated that the RSC comes out for visits and holds coffee hours and organizes some activities for them.

6) Do you think this policy should change? If yes, how?

The majority of the group did not see any reason why the policy should change.

FOCUS GROUP DISCUSSION #5 (CONTINUED)

Group II: under age 62

1) How many years have you lived here? Do you think this is a good, safe and peaceful place to live? If no, why?

The participants of this group have lived there between 2.5 and 10 years. The majority of the group stated that it is a safe and peaceful place to live.

2) Do you think having younger disabled persons and older adults living in the same community is a good idea?

One person expressed that it is difficult to find support for emotional problems in this setting.

3) Do you feel that you have alternative housing options?

Most of them said that they did not have any comparable alternatives and one said that he is interested in pursuing other housing options but feels it will be difficult.

4) How well do you think younger disabled persons and older adults get along with each other here? If you think it's a problem, is it because of something you've experienced yourself, heard about, or just have a feeling or worry about?

One experienced problems with an elderly individual peeping and tapping on their windows. They also stated that elderly men in the project have harassed their aids/workers.

5) Do the housing managers do everything they can to make this a safe peaceful community? If no, what else could they do?

One tenant expressed concern that the young and disabled appear to be housed in a certain location within the project. They do not feel that this is appropriate and would like to be more integrated with the rest of the community.

Other than this the only comment was that there needs to be more handicap accessible accommodations made, such as a path for wheelchairs to the parking lot.

6) Do you think this policy should change? If yes, how?

In general they felt that there should be more of a mix, especially because they feel lumped into one area within the community. They feel that age should not make a difference just as it does not outside of their housing community.

State Eviction Law

Under state law, public housing tenants, like other tenants, may be evicted on any one of five legally sufficient grounds (CGS § 47a-23) listed below.

1. *Expiration of the Lease.* With one exception (discussed below), a landlord is under no obligation to renew a lease once it expires.

2. *Nonpayment of Rent.* If a tenant does not pay his or her rent, a landlord may evict after a nine day grace period. If the rent is paid during the grace period, the tenant cannot be evicted for non-payment.

3. *Breach of Tenant's Statutory Duties.* Tenants are statutorily required to refrain from creating a nuisance or defacing the premises, adhere to the health and fire codes, and maintain the premises clean and safe. Violation of these duties is a ground for eviction. However, a tenant cannot be evicted on this ground if the tenant corrects the problem within 15 days and has not caused the same problem within the past six months.

4. *Breach of Lease Terms.* Landlords may impose additional lease terms beyond rental payments. The terms apply to everyone and pertain to rational things such as the welfare of others or property damage prevention. Breach of these terms is a ground for eviction. Similar to the breach of statutory duties, the ground is nullified if the tenant cures within 15 days and has not caused the same problem within the past six months.

5. *Illegal Conduct or Serious Nuisance.* Assaulting the landlord or other tenants, using the premises for gambling, prostitution, or to sell drugs, are grounds for eviction. A tenant cannot correct or cure an eviction based on illegal conduct or serious nuisance (CGS §§ 47a-15 and 31).

Summary process. State law sets the procedure for eviction called "summary process". The process begins when a landlord serves a tenant with a notice to quit the premises. If the tenant fails to respond to this notice by refusing to move from the rented premises, the landlord may initiate proceedings in court by filing a summons and complaint. The tenant then has an opportunity to respond to the complaint. If the tenant contests the action, the court hears the case. However, not all housing cases go to trial. Court personnel, known as housing specialists, are responsible for the initial screening and evaluation of all contested housing matters. A housing specialist attempts to mediate housing disputes and work out settlements. The process ends when the court either accepts or rejects the settlement or renders a trial judgment. If the court decides in the landlord's favor, the tenant may request a stay of execution to secure more time before being ordered to leave the apartment.

The length of time it takes to evict a tenant after proceedings have been initiated depends on whether the tenant has a defense he or she intends to pursue and the landlord's diligence in

wanting the tenant out. Committee staff is in the process of collecting time, cost, and eviction outcome data for all state-funded elderly projects.

Eviction exception for certain tenants. If non-elderly disabled individuals violate the law, their lease, or the rules of the complex, they can generally be subject to the state's normal eviction procedures, depending on the lease provisions, the same as anyone else living there. However, federal and state fair housing laws require that they not be discriminated against on account of their disability. In addition, general landlord tenant laws give both the elderly and certain disabled people some additional protection against eviction.

State law does provide exceptions in the eviction of certain tenants. While most tenants can be evicted for lapse of time (i.e., upon the expiration of their lease), the law prohibits tenants who are: a) aged 62 years of age or older; b) blind; or c) physically disabled from being evicted for this reason if they reside in buildings with five or more separate dwelling units. (C.G.S. § 47a-23c)

These tenants cannot be evicted except for good cause, that is, for one or more of the following reasons:

- nonpayment of rent;
- refusal to agree to a fair and equitable rent increase;
- material noncompliance with tenants' statutory responsibilities that materially affect other tenants' health and safety or the premises' physical condition such as the condition of the apartment, trash removal, and causing disturbances or nuisance to neighbors;
- tenant conviction of using the premises for prostitution or illegal gambling, or other use in material noncompliance with the rental agreement; or
- other material noncompliance with the landlord's rules and regulations authorized by statute.
-

A tenant is physically disabled under the statute if he or she relies on a wheelchair or other remedial appliance or device or has a chronic physical handicap, infirmity, or has an impairment that is congenital or resulting from a bodily injury, organic process or change, or has an illness, including epilepsy, deafness, or hearing impairment. The disability must be expected to result in death or to last for a continuous period of at least 12 months.

Tenants who do not meet this definition of “disabled” are subject to the five general grounds of eviction: lapse of time; failure to pay rent; noncompliance with a landlord’s rules or regulations; breach of statutory duties; or engaging in illegal conduct or conduct that constitutes a serious nuisance. State law also allows housing authorities to evict any resident convicted of selling or possessing illegal drugs anywhere while living in the project. (CGS § 8-116c (b)).

Appendix G

JOB DESCRIPTION: RESIDENT SERVICES COORDINATOR

Reports to: [specify supervisor arrangements]

Primary Duties and Responsibilities:

In order to maintain residents' independent living status, assess the individual needs of residents and work with them to establish and maintain linkages to needed supportive services. Maintain regular contact with identified residents, monitoring the delivery of supportive services desired or required by the resident.

General Duties and Responsibilities

Provide general assistance and advocacy related to supportive and social services to all residents; provide up to date information and clarification regarding programs such as Medicare, Medicaid, entitlements, and formal supportive and social services.

Develop and maintain linkages with community resources such as the Area Agency on Aging in order to remain current regarding information and services available to address resident needs.

Act as liaison with local care providers and hospitals to ensure successful discharge from care facilities and return transition of residents to their apartments.

Work cooperatively with residents and their families when planning for relocation to a nursing home or other long term care facility is required.

Promote a positive social climate that fosters residents' psychosocial well-being by developing, implementing, and monitoring educational and therapeutic programs for resident participation.

Provide assistance in resolution of inter-resident conflicts and resident-family difficulties.

Plan employee training sessions to educate staff about normative aging processes, aging in place, service coordination, and other subject areas related to main duties and responsibilities.

Required Education, Skills and Experience:**Education:**

BS/BA degree in a human services or related discipline, or five years relevant experience in a position involving direct contact with elderly persons.

Skills:

- Superior interpersonal skills
- Effective written and verbal communication skills
- Superior organizational ability
- Ability to work independently with little or no direct structure or supervision
- Crisis intervention skills
- Mediation/Conflict resolution skills

Experience:

Related human or social services experience. Should possess knowledge of the aging network, aging processes, and intervention techniques.

Appendix H

FUNCTIONAL ASSESSMENT AND CARE PLAN

Resident Services Coordinator Program

Assessment: Initial _____ Recertification _____ Major Change _____
 Date _____ Date _____ Date _____

Apt. No. _____ Name _____ Phone _____

S.S.# _____ P.A.# _____ Title 19# _____

Birthdate _____ Doctor _____ Phone _____

Emergency Contact _____ Phone _____

Mobility Status _____ Barrier Free Unit _____

RESIDENT FUNCTIONAL ASSESSMENT

- | | | |
|--|--|---|
| <input type="checkbox"/> Get in & out of bed | <input type="checkbox"/> Prepare/eat meals | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Get around outside | <input type="checkbox"/> Filing for benefits | <input type="checkbox"/> Do laundry |
| <input type="checkbox"/> Do light housework | <input type="checkbox"/> Bathing/grooming | <input type="checkbox"/> Handle toileting |
| <input type="checkbox"/> Shop for groceries | <input type="checkbox"/> Get dressed/undressed | <input type="checkbox"/> Take medications |
| <input type="checkbox"/> Disorientation | <input type="checkbox"/> Socializing | <input type="checkbox"/> _____ |
| | | Other _____ |

RESIDENT CARE PLAN STATUS

<u>Services</u>	<u>Care Plan</u>	<u>Current Status of Service</u>	<u>Need(s)</u>	<u>Date Service Procured</u>	<u>RSC Participation</u>
1. Homemaker	_____	_____	_____	_____	_____
2. Home Health Aide	_____	_____	_____	_____	_____
3. Visiting Nurse	_____	_____	_____	_____	_____
4. Adult Day Care	_____	_____	_____	_____	_____
5. Community Meals	_____	_____	_____	_____	_____
6. Transportation Services	_____	_____	_____	_____	_____
7. Public Assistance Programs	_____	_____	_____	_____	_____
8. Protective Services	_____	_____	_____	_____	_____
9. Substance Abuse Services	_____	_____	_____	_____	_____

<u>Services</u>	<u>Care Plan</u>	<u>Current Status of Service</u>	<u>Need(s)</u>	<u>Date Service Procured</u>	<u>RSC Participation</u>
10. Mental Health Services	_____	_____	_____	_____	_____
11. Mediation/Facilitation Services	_____	_____	_____	_____	_____
12. Legal Services	_____	_____	_____	_____	_____
13. Medicare/Health Insurance	_____	_____	_____	_____	_____
14. Friendly Visitor/Companion	_____	_____	_____	_____	_____
15. Health Screening	_____	_____	_____	_____	_____
16. Money Management	_____	_____	_____	_____	_____
17. Relocation Planning	_____	_____	_____	_____	_____
18. Socialization recreation, leisure time and other efforts	_____	_____	_____	_____	_____
19. Other	_____	_____	_____	_____	_____

Was the resident involved in the development of the care plan? _____

Is the resident satisfied with the care plan? _____

Is there a current agency case manager? _____ Name: _____

Agency Care Provider(s)	Phone	Contact Person(s)

Comments:

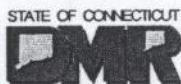
Comments:

Related Health Care/Shelter Issues:

Status Review Date: _____

Initials: _____ Date: _____

Appendix I



Pg 1
of 2
8/4/00

WAITING LIST ASSESSMENT

Name: _____

Completed by: _____ Date: _____

Comment: _____

SUPPORT NEEDS

Complete the following assessment using the following ratings for support and supervision needs.

- 1 = Independent** (Requires no direct assistance. May require occasional prompts or adaptive aids. No special staff or personal assistance required to assure safety.)
- 2 = Moderate Support Needed** (Sometimes needs staff support or assistance to complete the activity or assure safety.)
- 3 = Requires Supervision and Assistance** (Usually requires staff support, assistance or ongoing training to complete the activity or assure safety.)
- 4 = Comprehensive Support and Ongoing Supervision Needed**
(Always requires staff support, assistance or training to complete the activity. Safety of self or others is jeopardized without the immediate presence of staff supervision and assistance.)

A. LIFT/TRANSFER & AMBULATION

1. Independent (ambulatory, no special mobility needs, or able to lift or transfer self, can mobilize wheelchair by self)
2. Moderate Support Needed (may sometimes require partial physical assistance to ambulate or mobilize wheelchair)
3. Requires Supervision and Assistance (usually requires at least one person to lift/transfer, cannot ambulate or mobilize wheelchair without assistance)
4. Comprehensive Support (requires two or more people to lift/transfer, does not ambulate or mobilize wheelchair by self, requires special schedule or positioning or re-positioning)

B. ACTIVITIES OF DAILY LIVING

Includes the range of self-help and daily living skills associated with adult living, including: cooking and meal preparation, grooming and hygiene, dressing and clothing selection, bathing, toileting, laundry, house cleaning, money management and shopping.

1. Independent (able to complete most tasks by self, may need occasional reminders or prompts, may need occasional staff or family direction or observation, teaching new skills relies primarily on verbal or sign instruction)
2. Moderate Support Needed (requires verbal prompts for some tasks, may sometimes require partial physical assistance to complete some tasks - but able to complete others without assistance.)
3. Requires Supervision and Assistance (usually not able to complete most of the tasks by self, needs partial physical assistance to complete most tasks, wide variation in level of skill)
4. Comprehensive Support (cooperates or participates in tasks minimally, needs physical assistance all the time to complete tasks)

WAITING LIST ASSESSMENT

Pg 2
of 2
8/4/00

C. HEALTH AND MEDICAL CARE

Includes the range of chronic medical conditions requiring treatment by a physician and oversight by a nurse or personal assistant, including those that require the use of prescription medications on an ongoing basis.

1. Independent *(has no significant or chronic medical conditions, able to take medications by self or with minimal staff prompting or supervision)*
2. Moderate Support Needed *(has minor medical problems that are not life threatening, able to take medication with staff assistance and/or supervision)*
3. Requires Supervision and Assistance *(has a serious medical condition that requires close monitoring and supervision, requires staff or family members to administer medications)*
4. Comprehensive Support *(has a very serious or life threatening medical condition that requires specialized treatments and close specialized observation by a nurse or other trained professional, does not participate in monitoring of medical condition or provision of treatment)*

D. CHALLENGING BEHAVIOR

Includes the range of behaviors that jeopardize self or others, including: self injury, aggression to others, property destruction, criminal behaviors, sexual assault, pica, severe socially inappropriate behavior.

1. Independent *(has no special support needs in this area, only experiences rare or minor incidents, does not require staff or family member supervision to prevent dangerous or inappropriate behavior)*
2. Moderate Support Needed *(occasional incidents of inappropriate behavior, may sometimes require oversight or supervision, responds to verbal redirection, can exhibit self-control most of the time)*
3. Requires Supervision and Assistance *(behavioral incidents are periodic and potentially dangerous to self or others, requires general observation, requires occasional physical guiding or intervention to prevent harm to self or others, not able to exhibit self control most of the time)*
4. Comprehensive Support *(behavior incidents are very frequent and/or seriously health or life threatening, requires in-sight supervision at all times, physical intervention may require 1-2 person restraint or removal from area)*

E. SAFETY

Includes the range of behaviors required for self protection, including the ability to recognize dangerous situations, respond to emergencies and call for help (e.g., 911).

1. Independent *(able to recognize and respond to medical emergencies or serious injuries, can call 911 in appropriate situations, can evacuate without assistance)*
2. Moderate Support Needed *(recognizes when to call or ask for staff or family assistance if ill or injured, can call 911 in appropriate situations, understands alarms and evacuation procedures)*
3. Requires Supervision and Assistance *(may not be able to identify serious injuries or medical emergencies without assistance, cannot consistently call 911 in appropriate situations, needs prompts to evacuate)*
4. Comprehensive Support *(requires staff monitoring for injuries or medical emergencies, unable to seek assistance in dangerous situations, requires staff or family supervision and physical assistance to evacuate)*

Appendix J

MEMORANDUM OF UNDERSTANDING

AMONG

THE DEPARTMENT OF SOCIAL SERVICES

AND

THE DEPARTMENT OF MENTAL HEALTH

AND

THE DEPARTMENT OF HOUSING

AND

THE CONNECTICUT HOUSING AND FINANCE AUTHORITY

This Memorandum of Understanding (MOU) is made and entered into on this 22nd day of December, 1994, by and between the State of Connecticut Departments of Social Services (DSS), Mental Health (DMH), Housing (DOH), and the Connecticut Housing and Finance Authority (CHFA).

I. PURPOSE STATEMENT

State and assisted housing programs face a daunting array of problems that reach far beyond "bricks and mortar". Increased crime, growing numbers of persons who are homeless, economic and social trends that have swelled the ranks of individuals and families needing assistance and growing numbers of applicants and residents who do not have the skills or supports to help them meet essential lease requirements, all add up to what seem like insurmountable problems in housing programs.

To confront these problems innovative programs and efforts have sprung up across Connecticut to promote quality communities in public and assisted housing. Housing providers and supportive service agencies are entering into collaborative agreements to help residents who want and need services obtain assistance.

It is against this background that this state partnership seeks to collaborate in the pursuit of a multi-functional holistic approach to address these issues through a Memorandum of Understanding.

This MOU attests to and supports the fact that ALL residents have the inalienable right and privilege of choice of residence, access to required support services and a quality of life whereby their health, safety and well being are optimally preserved. Further, the MOU supports the goal to facilitate, foster and ensure the fulfillment of stated residents' rights through mutual collaboration, consultation, cooperation, optimization of shared resources, and advocacy for new resources.

II. GUIDING PRINCIPLES

As pro-active partners and participants of this MOU, each party acknowledges and is committed to guiding principles that balance and assert residents' and owners' rights relative to **admission, occupancy and supportive services** issues in state and assisted housing in Connecticut. Accordingly all partners agree to the adoption and implementation of these guiding principles, as follows:

A. Admission

1. That the essential commandment of anti-discrimination laws is for each individual to be treated on his/her merits, without presumption of abilities based on race, color, religion, sex, age, national origin, disability, or familial status, recognizing that specific program requirements may limit participation under the law;
2. That, at the time of initial application, housing providers properly confirm the presence of an applicant's disability as a condition of statutory eligibility relative to rent computation, qualifying for specific developments, units, and/or reasonable accommodations;
3. That housing providers require all residents to meet performance-based standards for subsidy eligibility and for the occupancy of an assisted unit as stated in the "obligations" sections of the lease agreement and project rules and regulations where applicable;
4. That housing providers employ such "performance and behavior" admission requirements as defined in the provider's lease. Admission requirements cannot be defined by the resident's presumed needs nor by the biases of other residents. Specifically, as currently required by the Section 504 and Fair Housing rules, a housing provider may not consider "... ability to live independently...";
5. That screening methods be targeted toward determining the likelihood that any applicant will be able to meet the essential requirements of tenancy as expressed in the lease. These five (5) essential requirements are summarized as follow:
 - i. pay rent and other charges under the lease in a timely manner;

- ii. care for and avoid damage to one's unit and common areas, use facilities and equipment in a reasonable way, create no health or safety hazards and report maintenance needs;
- iii. respect the rights and enjoyment of others, and not damage the property of others;
- iv. signatories to the lease are responsible for the conduct of all family members and also their guests;
- v. refrain from criminal activity that threatens the health, safety and/or right to peaceful enjoyment of other residents or staff and not to engage in drug-related criminal activity on or near the premises;
- vi. comply with necessary rules and program requirements of the housing providers and building health and safety codes.

6. That any initial evaluation of an applicant be disability-neutral, seeking no information beyond the minimum required to clarify specific eligibility and screening issues, and not based on disability-related presumptions about the applicant's ability to meet essential obligations of the lease;

7. That if any applicant with a disability cannot satisfy the requirements of tenancy because of previous rental history, housing providers must, if requested by the applicant:

- i. consider whether any mitigating circumstances related to the disability could be verified;
- ii. make a reasonable accommodation, to the extent feasible, to allow the applicant to meet the requirements.

B. Occupancy

1. That State housing programs are based on the mutual obligation of all parties involved in the process. These obligations are spelled out in laws, regulations, leases, regulatory contracts, and in generally accepted principles of mutual respect between and among individuals;

2. That lease terms, house rules and other policies governing behavioral-based tenancy standards be reasonable and applied uniformly to all residents;

3. That housing providers comply with three (3) essential obligations, as follow:
 - i. provide decent, safe and sanitary housing;
 - ii. comply with applicable state and federal occupancy standards as well as all other legal/regulatory requirements; and
 - iii. comply with the requirements of its lease with each resident. If housing providers fail to adhere to these requirements, residents may avail themselves of appropriate remedies for redress, such as grievance procedures contained in the lease and/or as provided under law.
4. That housing providers have the right to enforce essential, performance-based lease requirements and seek appropriate remedies up to and including evictions;
5. That housing providers make reasonable accommodation in lease and other policy requirements, when requested by qualified residents with disabilities;
6. That housing providers provide timely, effective and adequate notice and appropriate opportunity for review of their decisions affecting residents including responses to their requests for reasonable accommodations;
7. That housing providers are permitted to seek information necessary to meet program requirements in the least possible intrusive manner and are encouraged, in some cases, obligated, to protect confidentiality of information and respect individual privacy.

C. Supportive Services

1. That housing providers fund service coordinators from operating budgets, residual receipts, and/or any other source as long as funding obligations are not compromised;
2. That, in addition to service coordinators, housing and service providers establish and maintain a listing of State and/or local resources for residents to locate and access a broad array of support service needs. Information could be gathered from State or local government agencies which provide services to families, children, individuals who are elderly, persons with disabilities, or in need of emergency assistance, etc. In many cases, state and local governments can also provide a listing of non-profit agencies with which they contract for services;

3. That housing and service providers enter into collaborative agreements offering the residents, in need of support services, a direct link to service providers;

4. That housing providers, with or without assistance from service agencies, help residents learn how to fulfill essential lease requirements and about programs and services offered through the housing provider, community-based programs and other related issues;

5. That by providing accommodations for residents' associations and other forms of self-help groups, housing providers can help foster a sense of community and empower residents to support and assist each other;

6. It is envisioned that support services be provided through existing state, local or client reserves.

III. OUTCOMES

The following positive benefits and outcomes would eventuate if the aforementioned purpose, guiding principles, and recommendations are respectively established:

- Clearer role for the inclusion of housing providers in the human services delivery system and greater opportunities for the residential property managers to participate as active partners in the voluntary site coordination and referral processes;
- Clearer communication on housing eligibility requirements, lease provisions, service eligibility requirements, service-provider funding streams, and service-provider priorities and constraints;
- Clearer lines of accountability;
- More effective channels for resolution of problems;
- Clearer contact procedures, both for day-to-day and for emergencies including named coordinators in the housing provider and service-provider organizations;
- Greater number of mutual housing/service-provider agreements for reciprocal education programming;
- More service providers' agreements providing outreach, tenancy support and crisis intervention to any resident or applicant who meets the service provider's eligibility criteria and desires services, resources permitting;

- More housing providers' agreements making community space available, from time to time, to facilitate service delivery;
- Service provider agreements to maintain services as long as the resident/client wants them and resources permit.

IV. PERIOD OF AGREEMENT

This agreement is effective upon parties' signatures and shall continue indefinitely.

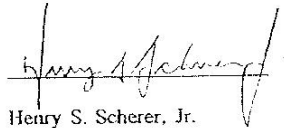
V. MODIFICATION OR CANCELLATION PROVISION

This agreement may be modified or amended by mutual consent of all the signatory parties. Requests for modification and amendments may be initiated by any party through written notification to all other parties.

VI. ACCEPTANCE AND SIGNATURE



Patricia A. Giardi
Acting Commissioner
Department of Social Services



Henry S. Scherer, Jr.
Commissioner
Department of Housing
Board Chairperson
Connecticut Housing and
Finance Authority



Albert J. Solnit, M.D.
Commissioner
Department of Mental Health

per/hongzhi.moo

Appendix K

Elderly Rental Assistance (RAP) FY 03-2004			
Municipality w/ RAP	RAP Subsidy	# of RAP Units	# of Disabled Units
Ashford	\$ 15,300	17	1
Branford	\$ 19,692	34	4
Bridgeport	\$ 48,780	22	5
Brookfield	\$ 3,012	7	1
Colchester	\$ 62,952	50	19
Danbury	\$ 93,096	94	35
Deep River	\$ 20,340	14	3
Enfield	\$ 24,870	63	20
Guilford	\$ 10,432	22	4
Hamden	\$ 3,768	17	3
Hebron	\$ 25,248	22	0
Killingly	\$ 14,498	39	13
Manchester	\$ 14,640	38	28
Mansfield	\$ 6,891	11	3
Marlborough	\$ 29,844	18	1
Milford	\$ 5,440	9	3
Monroe	\$ 3,384	7	2
Montville	\$ 9,516	28	6
New Britain	\$ 60,180	38	17
New London	\$ 167,122	84	40
North Branford	\$ 15,372	24	3
Norwalk	\$ 5,784	14	3
Norwich	\$ 35,832	78	36
Oxford	\$ 18,048	17	2
Plymouth	\$ 660	2	0
Portland	\$ 31,751	40	16
Preston	\$ 8,090	13	2
Putnam	\$ 17,635	27	12
Ridgefield	\$ 15,912	26	2
Seymour	\$ 12,642	19	0
Simsbury	\$ 2,844	10	2
Stamford	\$ 82,080	43	14
Stratford	\$ 13,947	32	6
Tolland	\$ 468	1	0
Torrington	\$ 937	2	1
Vernon	\$ 992	2	0
Wallingford	\$ 27,384	92	6
Waterbury	\$ 4,730	14	6
Wethersfield	\$ 102,072	78	38
Windham	\$ 37,380	60	43
Windsor Locks	\$ 4,592	10	3
Grand Total	\$ 1,078,157	1,238	403

Appendix L



February 18, 2005

Carrie E. Vibert, Director
Legislative Program Review and Investigations Committee
State Capitol, Room 506
Hartford, CT 06106

Dear Ms. Vibert:

The Department of Economic and Community Development (DECD) is pleased to have the opportunity to respond to the Legislative Program Review and Investigations Committee final report on *Mixing Populations in State Elderly/Disabled Housing*. Attached please find the department's responses to the recommendations issued by the committee staff.

If you have any further questions or comments regarding this information, please feel free to contact me at (860) 270-8186.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph Oros".

Joseph Oros
Legislative Program Manager

CC: Senator Cathy Cook, Co-Chair
Representative Brendan Sharkey, Co-Chair

505 Hudson Street, Hartford, Connecticut 06106-7106
*An Affirmative Action / Equal Opportunity Employer
An Equal Opportunity Employer*

Legislative Program Review and Investigations Committee final report on
Mixing Populations in State Elderly/Disabled Housing
Department of Economic and Community Development Response to
Recommendations
February 18, 2005

1. DECD, in conjunction with CHFA, revise and update the contents of the operating manual for state funded elderly/disabled housing programs no later than January 1, 2006. Specifically, DECD, in consultation with the state Commission on Human Rights and Opportunities (CHRO), should develop guidelines for tenant selection and suitability that are in accordance with all relevant state and federal laws. In addition, DECD should also seek input from social service agencies such as DMHAS, DMR, and DSS in the development of such screening criteria. Furthermore, the manual should address the need for a policy and documentation of negative incidents.

Response:

DECD will work with both CHFA, CHRO and other social service agencies to develop guidelines for tenant selection and suitability applicable to all state-assisted housing. DECD will work with CHFA to develop a process for the regular identification of and documentation of "negative incidents", as described in the LPRIC report.

2. The DECD operating manual for housing should include the creation and maintenance of wait lists and training regarding state affirmative fair housing requirements including but not limited to the use, maintenance, and selection from wait lists be re-instated.

Response:

The creation and maintenance of wait lists are specified for each state program in various Regulations for State Agencies. These regulatory sections include: 8-72-1 thru 8-72-3; 8-116a-1 thru 8-116a-6; 8-119g-13 thru 8-119g-15; 8-37ee-1 and 8-37ee-2; 8-37ee-300 thru 8-37ee-314; inclusive. These regulations, along with other applicable regulations and the Housing Manual, had been provided to all participants in the various state programs at the initiation of their participation and as revisions to these documents were made.

DECD will need additional resources to conduct a comprehensive and meaningful training program.

If this activity were to be jointly conducted with CHFA, the cost burdens could be shared and potentially reduced.

3. DECD, in conjunction with CHFA, should consult with Connecticut housing court specialists and the Connecticut association of housing authorities on developing possible seminars or materials on eviction proceedings.

Response:

DECD believes that The Citizen's Advisory Council for Housing Matters, which was established under section 47a-71a of the Connecticut General Statutes, would be the more appropriate entity to conduct these types of seminars. The Advisory Council, in consultation with the knowledgeable staff of the housing court system, annually makes recommendations and provides materials related to all matters of the housing court, including but not limited to the summary process. DECD and CHFA can assist the Advisory Council in this matter.

4. Local housing authority plans for safety and security measures should be part of the required management plan submitted annually for review. In addition, housing authorities should be encouraged to establish rapport with local police departments outlining respective roles and responsibilities in responding to negative incidents.

Response:

Safety and security for housing authority residents have always been a concern and a priority of local housing authorities. Those LHAs should already have or should continue to address those concerns through their annual operating plans. Local rapport with police departments has always been encouraged and some LHAs have better relationships with their local police departments than others. All LHAs are encouraged to work with all local municipal service providers to be sure that both they and their residents receive the municipal services to which they are entitled.

5. DECD should determine the number of additional housing authorities that would be interested in applying for a resident service coordinator grant and based on this information submit an appropriation request tot the legislature for FY 07.

Response:

DECD has issued a request for information from all of the non-participating owners/sponsors who are currently eligible under the Resident Services Coordinator program. A copy of that request for information is attached. To date we have only received 23 responses out of the 60 sent out. It is important to note that the East Windsor Housing Authority is one of those LHAs that has not responded.

6. By July 1, 2005, DECD, in consultation with agencies that provide social services to elderly and non-elderly disabled populations such as DMHAS, DSS, and DMR, should reassess the job description and accompanying qualifications for resident service coordinators to reflect the services needed by all groups residing in state funded elderly/disabled housing. In addition, DECD, in consultation with DMHAS, DMR, and DSS, should establish the number of hours and salary rate reflecting the level of skills and qualifications needed to adequately service this housing population.

Response:

DECD believes that this grant activity, specifically the Resident Service Coordinator (RSC) program, is more appropriately placed in an agency that is geared to the provision of social services, and has expertise to administer this grant. In addition some social services training may require a license, if the intent is to require RSC's to become social workers. This would be beyond the scope of DECD's staff expertise and may be more appropriately based out of the Department of Social Services.

7. DECD should enlist professionals from mental health and other service agencies to train resident service coordinators and housing authority staff to better understand the needs of elderly residents as well as person with disability and related problems.

Response:

DECD believes that this activity is more appropriately coordinated by an agency that is geared to the provision of social services, and has expertise in this area.

8. DECD should create a single statewide manager position for the resident service coordinator program.

Response:

As in item 6 and 7 above, we believe the recommendations sufficiently change the scope and complexity of the RSC program as to justify the transfer of this important program to an existing social services agency. DECD believes that this activity, specifically as it relates to the Resident Service Coordinator program, is more appropriately placed in an agency that is geared to the provision of social services, and has both expertise to administer this grant. DECD is predominantly a "bricks and mortar" or financing agency. Clearly, this level of monitoring and evaluation and even possible licensure of individuals is more appropriately administered within an agency that emphasizes the delivery of social and related services (ie: DSS's Office on Aging or the Housing Section of DMHAS's Office of Behavioral Health).

9. Renewed efforts of collaboration by the current DMHAS administration are a positive step in the right direction that should be continued. Furthermore, other state agencies charged with providing social services to elderly and non-elderly disabled populations such as DMR and DSS should assist housing authorities in identifying and accessing available social services offered through their agencies. Each agency should consider appointing a lead contact person to establish and maintain a regular channel of communication with housing authorities. At a minimum, each agency should develop a plan that details outreach efforts, available services, and crisis intervention. Each agency must report a summary of its collaboration efforts with housing authorities to the legislative committees with cognizance of housing matters no later than October 1, 2005.

Response:

DECD is prepared to appoint a lead contact person to local housing authorities and stands ready to work with other state agencies.

10. DMHAS, through its mental health providers, should take an active role in training housing authority staff and in helping residents breakdown stereotypes about mental illness through presentations or materials distributed to public housing communities.

Response:

In addition to LHAs, there are seven (7) nonprofit corporations that own and operate state-assisted elderly projects, and a number of management companies that operate state-assisted elderly projects on behalf of local housing authorities. Any training provided should also be made available to them.

11. DECD and CHFA should jointly conduct a comprehensive assessment of current and future needs for rental assistance or other types of financial support for the state's elderly/disabled housing portfolio each year. The results of the first such analysis should be presented to the legislature committees of cognizance over housing matters no later than October 1, 2005.

Response:

Current rental assistance needs as well as short-term future needs are evaluated by DECD and CHFA annually. A survey of the current non-participating entities to determine if there is an unfunded need for rental assistance can be carried out. However, without a financial commitment to address any unfunded rental assistance need, a survey of this type may raise false expectations.

Not more than four years ago, DECD encouraged such studies by the local housing authorities. Known as Life Cycle Cost Analyses or Capital Improvement Plans, these plans cost between \$2,500 and \$5,000 per site. Not all housing authorities chose to participate. In addition, since the physical conditions of the various projects are so diverse, a comprehensive all-inclusive report on those findings is not possible at this time.

However, CHFA has indicated that they are in the process of conducting an internal capital needs survey. They anticipate that this survey will be completed on or before January 31, 2006.

A much-needed comprehensive review and qualitative assessment of this scope would be very costly. At a minimum, \$300,000 would need to be allocated for this specific purpose, in addition to increased staff time/resources.

12. The state must take action to expand housing opportunities for low-income elderly and disabled individuals by promoting more quality affordable housing for all residents. As a first step, DECD, the state's lead housing agency, should develop

and maintain a comprehensive inventory of all publicly assisted housing in the state beginning July 1, 2006. At a minimum, the inventory should identify all existing assisted rental units by type and funding source, and include information on tenant eligibility, rents charged, available subsidies, occupancy and vacancy rates, waiting lists, and accessibility features. To assist in the department's efforts in compiling a complete inventory, the statutes should be amended to require property owners, both public and private, to report all accessible housing units to the state registry.

Response:

DECD concurs that action must be taken to expand housing opportunities for low and moderate-income elderly, family and disabled individuals but we are also concerned about the preservation of the existing state and federal housing stock, much of which is more than 40 years old and in need a major capital investments. DECD actively supports the Supportive Housing initiative, which specifically targets the development of housing for persons who require supportive services in addition to affordable housing. However, the expansion of housing options for these populations groups must be carried out in a comprehensive strategy, as reflected in the current Strategic Long Range Housing Plan.

Currently, DECD does maintain an inventory of all publicly assisted housing in the state, the Assisted Housing database. This is required under Section 8-30g of the Connecticut General Statutes, the Affordable Land Use Appeals statute. However, the type of data collection and maintenance that the report recommends as a "minimum" is colossal in scale. For example, information on "available" subsidies, occupancy and vacancy rates, and waiting lists would have to be updated daily to be useful to the extent indicated by the report. Some additional information would have to be updated less often, but as rents can change on a monthly basis, an update at that rate would also be necessary for that information. Also, much of today's newly developed housing uses a significant amount of mixed or leveraged financing. There can be as many as five or six different funding sources that go into the development of a single project. Tracking the units by funding source is a huge task.

Further, a statutory revision "requiring" all public and private property owners to report all accessible housing units to the state registry has a number of potential flaws. First, what would be the "penalty" if an owner (public or private) failed to report his accessible unit? Second, how would the data collection effort be enforced? Third, why would any private owner, who is now subject to enforcement and penalties, make any accessibility modifications to their private property? Fourth, if this effort is intended to compile a list of all *publicly assisted* units, how does requiring private owners to report their units support this effort when their units are not publicly assisted?

Data collection and annual reverification of the assisted housing database is already a very large task that generally requires months to complete. This is due to a number of issues which include: a) cross checking of data between agencies to prevent double counting; b) cross checking addresses to prevent double counting; c) demolitions/rehabilitations; and others. Adding additional layers of information to be collected and maintained risks making this task even more labor intensive and costly.

DECD and CHFA (with the support and participation of HUD) have been collaborating on a the creation of a database of affordable housing. Not all of the data sets recommended by the committee are currently being collected, for many of the previously noted reasons. However, both our agencies believe that a useable informative database of affordable housing information will result.

CONNECTICUT HOUSING FINANCE AUTHORITY

February 24, 2005

Carrie E. Vibert, Director
Legislative Program Review and Investigations Committee
State Capitol, Room 506
Hartford, CT 06106

Dear Ms. Vibert:

The Connecticut Housing Finance Authority (CHFA) is pleased to have the opportunity to respond to the Legislative Program Review and Investigations Committee final report on Mixing Populations in State Elderly/Disabled Housing. CHFA and the Department of Economic and Community Development (DECD) together prepared responses to the recommendations issued by the committee staff. The responses submitted by the DECD should also be recorded as the responses by CHFA.

If you have any further questions or comments regarding this information, please feel free to contact me at (860) 571-4339.

Sincerely,



Peg M. Fitzgerald
Legislative Program Officer

CC: Senator Cathy Cook, Co-Chair
Representative Brendan Sharkey, Co-Chair

999 West Street / Rocky Hill, Connecticut 06067-4005 / 860-721-9501





M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL RETARDATION



Peter H. O'Meara
COMMISSIONER
Kathryn du Pree
DEPUTY COMMISSIONER

February 18, 2005

Ms. Carrie E. Vibert, Director
Legislative Program Review and Investigations Committee
Room 506 State Capitol
Hartford, CT 06106

Dear Ms. Vibert:

Thank you for sending me a copy of the Legislative Program Review and Investigations Committee's final report on *Mixing Populations in State Elderly/Disabled Housing*. We appreciate the opportunity to offer feedback about this important matter.

The report suggests a number of collaborative efforts between DECD and various state agencies. We would be very interested in participating in those efforts. Increased collaboration between local housing authorities, state agencies and community service providers can only improve the quality of support offered to individuals. We would also be available to assist in the review of the resident service coordinator job description and accompanying qualifications. The Department will designate Marcia Noll, RN, our Director of Aging Services, as our contact person for these activities. She can be contacted at (860) 418-6030.

The Department wants to be responsive to any issues regarding individuals served by our agency. Thus, we were disappointed to see that 50% of the local housing authorities responding to your survey found us to be "not at all helpful." However, in reviewing the data from your survey we were confused since 80 housing authorities responded to your survey and 50% of that total would be 40. Our data indicated that only 13 of our clients live in housing provided by 11 different housing authorities. If you could provide us with the names of the housing authorities that were not pleased with our responsiveness, we would like to contact them clarify their concerns and see what can be done to assist them. We are concerned, however, that the way the data is presented could be misinterpreted and suggest that you consider language which would minimize such misinterpretation.

Phone: Voice 860 418-6000 TDD 860 418-6079
460 Capitol Avenue • Hartford, Connecticut 06106
An Equal Opportunity Employer

Finally, we wish to comment on the issue of restricted access to elderly/disabled housing. We oppose the implementation of quotas on the basis of their arbitrariness. Simple quotas may deny an individual access to a housing option that could be ideal for them and their prospective neighbors. We agree with the Committee that the solution to this issue lies in the creation of additional affordable housing for low-income elderly and disabled persons. The Department provides rent subsidies to individuals we support. The availability of these subsidies allows people more opportunity to choose individual housing based on the compatibility of the surroundings and not solely because it exists in a subsidized unit.

Thanks you again for the opportunity to respond.

Sincerely,

A handwritten signature in black ink, appearing to read 'Peter H. O'Meara', written in a cursive style.

Peter H. O'Meara
Commissioner